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ABSTRACT

This monograph addresses the transition needs of adolescents with serious emotional disabilities, describing programs in various settings and states. An introductory chapter discusses the concept of transition and outlines service components. Findings from a national survey of 53 transition programs are then presented. Findings indicated that 60% of the programs offered transition planning. Transition services offered by the majority of programs were, in rank order, independent living skills, career education, interpersonal relationship skills, leisure time training, and vocational training. Over 72% of the programs reported that parents were involved in planning and determining interventions on behalf of their adolescent. Descriptions of the 53 programs are then provided, categorized into five areas: transition programs integrated within residential treatment settings; hospital-based transition programs; school-based programs; case management programs; and transition programs that are components of multi-service agencies targeting adolescents and young adults. Each program description discusses funding, philosophy, staffing, program components, and services. (Six references) (JDD)

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YOUTH IN TRANSITION:

A Description of Selected Transition Programs Serving Adolescents with Emotional Disabilities

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INTRODUCTION

The Research and Training Center on Family Support and Children's Mental Health is committed to improving services for adolescents. Adolescence is a time during which youth attempt to find their place in society as adults. Adolescents who have emotional disabilities confront obstacles to a smooth transition into adulthood. The Center's Youth in Transition Project conducts research and develops training materials in this area.

Recent federal efforts have attempted to address the needs of adolescents and young adults who are classified as having an emotional disability. Despite such efforts, these youth remain unprepared to face the challenges of adulthood as they exit youth-serving systems of care. As part of its mission, Youth in Transition Project staff have developed a transition framework and has identified specific service components that provide direction for program development. Few of these transition-oriented programs have been identified in the literature and information about those that do exist has not been broadly disseminated. By exchanging information about the development and structure of existing programs, service delivery efforts can be enhanced.

This monograph addresses the transition needs of adolescents with serious emotional disabilities. A variety of programs are described in various settings and states that serve this population. This information is presented with the hope of stimulating thought about the types of programs that can be developed.

BACKGROUND

Transitions are a normal aspect of life and require a variety of skills and abilities to adapt to the stress and demands presented. Preparation for the transition to adult role responsibilities for adolescents with emotional disorders is a complex task facing many professionals providing services to this vulnerable population. Youth in Transition Project staff members have sought to identify some of the issues and problems that make service delivery efforts on behalf of this population difficult to achieve. Specifically, the monograph addresses three areas: (1) conceptualization of transition; (2) service components; and (3) the national survey of transition programs.

Concept of Transition

The concept of transition, as it relates to adolescents, can be viewed from two distinct perspectives. First, from a developmental perspective, adolescents experience an identity crisis in an attempt to decide where they fit in society. Second, from a situational or contextual perspective, adolescents must move from the world of school to the world of work and/or initiate more independent behavior in a variety of settings. Adolescents with serious emotional disabilities represent a population group that has difficulty coping with both developmental and situational transitions. Their behavior, the debilitating effect of the illness,

financial hardships and family stress, lack of well-developed coping and social skills, and lack of vocational skills or options for employment create barriers that make adjustment to transitions extremely difficult.

A system-of-care perspective (Stroul & Friedman, 1986) has been proposed as one alternative to address these barriers. This orientation to service delivery proposes that services be "wrapped" around a child or adolescent and that a continuum of services be available as the child's or adolescent's needs are identified. The assumption is that youth will adjust to new services or settings without prior preparation. Children and adolescents with serious emotional disabilities are the least equipped to succeed in the transition process required by our service delivery systems.

Given this dilemma, the system of care needs to incorporate a transition perspective. This perspective specifies intervention efforts and their relationship to the identified goals of service delivery. Children and adolescents with serious emotional disorders continually go through a period of adjustment and transition as they move through the system of care in experiencing new environments and new care providers. This is complicated by the fact that their developmental abilities change over time. A focus on these adjustments and transitions should be maintained throughout intervention.

If a transition focus is to be developed across the entire system of care, then transition must be viewed as a progressive, developmental process toward the assumption of adult role responsibilities. Assuming this perspective would require that each step in the progression be specifically defined. By defining these steps, services can be designed to meet the changing, progressive and anticipated needs of adolescents as they move through the system of care.

Modrcin (1986), building on the psychiatric rehabilitation model (Anthony, 1979), proposes a transition framework to help specify these steps at the service delivery level. In this framework, assessing the strengths and needs of the individual requires consideration of the current environmental context and the projected environment in which the adolescent is expected to function. By identifying the skills required to function in the projected environment, the delineation of specific service goals is made possible within the current environment. After the goals of intervention are established, services can be selected that will address these goals. This framework provides a mechanism to guide the treatment planning efforts on behalf of adolescents who have emotional disabilities.

Service Components

Project staff (Modrcin & Rutland, 1986) conducted an extensive literature review to assess the current state of knowledge with regard to transition services for adolescents with emotional disabilities. This review revealed that the professional literature pertaining to adolescents with emotional and behavioral disablities is limited. The majority of the transition literature addresses particular disabling conditions such as mental retardation, learning disabilities, or the transition needs of individuals with physical disabilities. In addition, the majority of articles reviewed were representative of particular settings such as schools,

hospitals, or residential centers and discussed components or implementation strategies inherent to those settings. We concluded that program planners and direct service providers must translate the research findings to the specific context of their own communities, work environments and needs of adolescents who have emotional disabilities.

Modrcin and Rutland (1987) identified specific service components that appear necessary to meet the short and long range goals of adolescents in transition. These components were identified as: (1) specialized educational curriculum; (2) community survival and living skills; (3) vocational preparation; (4) vocational placement; and (5) transition planning and service specific to residential settings. Services related to these five components should be available to all adolescents who have emotional disabilities. The components should occur concurrently within an integrated plan, based on the needs of the individual and the projected goals or outcomes desired.

Implementation of these components requires that services be tailored to meet the individual needs presented by the adolescent. The curriculum must incorporate "in vivo" experiences. It must maintain a dual focus related to cognitive and emotional functioning and address generalizability of learning across different environmental contexts. Vocational training and job placement efforts need to create opportunities for employment. Programs in residential facilities, treatment settings and special education programs must teach usable community living skills.

National Survey

Youth in Transition Project staff built on the transition framework and their identification of specific service components and initiated a national survey to identify existing transition programs. Central to the project's interest were transition programs that used the transition framework (Modrcin, 1986) and service components (Modrcin & Rutland, 1987, 1989) in the planning and delivery of transition services.

Given the lack of professional literature available on transition services for adolescents with emotional disabilities, identifying transition programs was not an easy task. Specific criteria for identifying programs were sent to state directors of mental health departments, State Mental Health Representatives for Children and Youth (SMHRCY) members, directors of state departments of education, state Child and Adolescent Service System Program (CASSP) directors and program directors of transition programs previously identified. Program nominations were also solicited through *Focal Point* (circulation 17,000), the quarterly publication of the Research and Training Center.

A sixty-question survey instrument was constructed to assess program philosophy, funding, population served, curriculum, vocational opportunities, interagency collaboration, parental involvement and aftercare. All nominated programs were sent a copy of the instrument and a letter explaining the purpose of

the survey. Project staff then contacted each nominated program by phone to determine their willingness to participate in the survey and schedule an appointment for a phone interview. The cooperation of nominated programs was excellent.

The interviews were completed in April 1988. Interviewees were provided with a written summary of their telephone conversation in order to verify the accuracy of the information obtained. Programs were invited to edit the summaries to ensure that the entries reflected interviewees' intentions during the interviews. Fifty-three (53) programs participated in the survey.

ORGANIZATION OF THE MONOGRAPH

Transition programs cluster in the following five areas that provide the monograph's organizational framework:

1. Transition programs integrated within a "traditional" seven-day residential treatment setting. These programs are usually financed through state contract and appear to be predominantly private non-profit organizations. Group home services, foster care, and coordinated residential placements are included in this category;

2. Hospital-based transition programs or transition programs located within a partial hospitalization setting;

3. School-based programs that serve adolescents diagnosed as having serious emotional disorders in both academic and vocational settings. These programs are most often funded through public education money and can be located physically at the school or in an off-campus facility;

4. Case management programs that focus on the transition needs of adolescents, but do not offer specific transition services. In these programs, community resources are brought into play to meet the identified transition needs; and

5. Transition programs that are components of multi-service agencies targeting adolescents and young adults.

Within each of the five identified areas, the programs surveyed are listed alphabetically. Each program entry provides a variety of information, including funding, philosophy, staffing, program components and services.

KEY FINDINGS

A review of the fifty-three programs that participated in the survey suggests the following nine key findings.

1. Transition services offered to adolescents with severe emotional disorders are provided by a diverse range of programs. Some of these programs may be replicated in various forms in other communities. A great deal of expertise and experience is currently available about the provision of transition services for adolescents with serious emotional disabilities.

2. The majority of transition services offered by the programs surveyed address teaching skills for independent living. **Table I** provides a summary of the types of transition services and the percentage of programs offering these specific services. From the survey, it is apparent that services related to job placement, on-site job supervision and supervised apartment living need to be developed to provide a continuum of services and opportunities for adolescents with emotional disabilities. Services with supportive supervision need to be created for adolescents to practice the skills that they will need for fully independent living in the community.

TABLE I

Transition Services Offered By Programs

Service	N	% of Programs
Independent Living Skills	48	90.5
Career Education	47	88.6
Interpersonal Relationship Skills	45	85.0
Leisure Time Training	36	68.0
Vocational Training	36	68.0
Job Placement	26	49.0
On Site Job Supervision	19	35.8
Supervised Apartment Living	9	17.0

3. Only 47% of the programs surveyed offer any type of formal aftercare or follow-up services to adolescents after discharge from their programs. The primary reasons given were that there were no funds available to provide aftercare services or that funding ceased once an adolescent turned eighteen. This is a major weakness. Programs are unable to follow adolescents into the community in order to secure and support the gains made while the adolescents were involved in their programs.

4. Over 75% of the programs reported no formal evaluation process to assess effectiveness in meeting the needs of adolescents and preparing them for life in the community. Systematic evaluation is necessary to ascertain the services needed for specific types of clients in preparation for the demands of community life. The major reason program evaluation efforts were not implemented was lack of funding.

5. Community-based programs consistently identified the need for residential services for this population. The majority of programs surveyed identified a need for supervised or subsidized apartments for their graduates.

6. Programs serving adolescents aged 11-13 as part of their 0-12 year-old target population seem to pay less attention to transition issues than do programs serving 11-13 year olds as part of their 11-17 year-old target population.

7. Services provided to parents varied across programs. **Table II** provides a summary of the types of services offered to parents. Sixty percent of the programs surveyed reported that they offer transition planning.

TABLE II

Parent Involvement As Recipients of Services
(N=53)

Service	N	% of Programs
Transition Planning	32	60%
Family Therapy	27	51%
Information/Education	22	42%
Organized Support Group	20	38%
Case Management	19	36%
Individual Therapy	12	23%
Group Therapy	10	19%
Respite Care	10	19%

8. Over 72% of the programs reported that parents were involved in planning and determining the intervention on behalf of their adolescent. **Table III** provides a summary of parent involvement in programs. The table indicates that parents are less likely to be involved in program planning, program evaluation and advocacy efforts. Although it takes time to involve parents, programs appear to be missing a valuable resource by not involving them more fully in their program design.

TABLE III

Parent Involvement As Non-Recipients of Services
(N=53)

Type of Service	N	% of Programs Survey
Determining Intervention	38	72%
Advocacy	20	38%
Program Evaluation	20	38%
Program Planning	15	28%

9. A number of difficulties were identified by program representatives that impede the provision and development of transition services. Specifically, these difficulties involve:

   (a) *Policy and Funding.* Policies that affect the provision of services after the age of eighteen were identified as a major barrier to transition services. Specifically, these policies limit funding for treatment and aftercare services. Resources are limited for community housing options and for specialized residential services.

   (b) *Collaboration.* Interagency collaboration is impeded by time limitations, fragmented services and a lack of incentives for agencies (including schools) to work together.

   (c) *Vocational Opportunities.* There are a lack of job sites, decent pay and opportunities for long term employment. Funds for vocational training are almost non-existent for this population.

   (d) *Teacher Support.* Teachers in educational classrooms for adolescents with emotional disabilities need more support for their work and resources for adolescents who are the most troubled.

   (e) *The lure of the street.* It is difficult for programs to compete with the street culture that often attracts these adolescents. A greater outreach effort and flexible provision of services is needed.

REFERENCES

Anthony, W.A. (1979). *The principles of psychiatric rehabilitation.* Baltimore: University Press.

Modrcin, M.J. (1986). *Emotionally handicapped youth in transition: Issues and principles for program development.* Portland, OR: Portland State University, Research and Training Center on Family Support and Children's Mental Health.

Modrcin, M.J. & Rutland, A.C. (1986). *Annotated bibliography. Youth in transition: Resources for program development and direct service intervention.* Portland, OR: Portland State University, Research and Training Center on Family Support and Children's Mental Health.

Modrcin, M.J. & Rutland, A.C. (1987). *Youth in transition: Summary of service components.* Portland, OR: Portland State University, Research and Training Center on Family Support and Children's Mental Health.

Modrcin, M.J., & Rutland, A.C. (1989). Youth in transition: A summary of service components. *Psychosocial Rehabilitation Journal*, 12(4), 3-18.

Stroul, B.A. & Friedman, R.M. (1986). *Claiming the unclaimed children: Guidelines for a system of care for severely emotionally disturbed children and their families.* Washington, DC: CASSP Technical Assistance Center, Georgetown University Child Development Center.

RESIDENTIAL

TRANSITION PROGRAMS

Agency: Adriel School

Program Name(s): Adriel School
Director: Jim Berkett, Executive Director
Other Contact:
Street Address: P.O. Box 188
City State Zip: West Liberty, Ohio 43357
Telephone: (513) 465-5010

Agency Type: Private non-profit (affiliated with the Mennonite Church)

Program Type: Treatment center offering seven-day residential, therapeutic foster care, day treatment and outpatient counseling services

Funding Sources: County service contracts (84%); donations (11%); rents, investments and miscellaneous (5%). The board of trustees establishes a yearly basic tuition fee. Donations, grants and other income help make up the difference between this tuition fee and the true cost of care.

Communities Served: Residential and foster care serve the state of Ohio; Day treatment serves an urban, suburban and rural two-county area around West Liberty.

Referral Sources: County Children's Service Boards; schools; juvenile courts

Number Clients: 90 in all programs

Client Profile: Males and females, 5-17 years old (50%/50% in residential, 60%/40% in other services), with IQ between 55 and 80. Histories of oppositional behavior, running away, lying, stealing, firesetting, aggression, withdrawal, hyperactivity, and social skill deficits; typically truant from or disruptive in school; many have seizure disorders. Some also have eating disorders or hallucinations. They are typically documented developmentally handicapped (Educably Mentally Retarded/EMR), severely behaviorally handicapped, or learning disabled according to PL 94-142. Ten to fifteen percent of the 32 children in day treatment are also substance abusers. About 20% of clients are African-American, Latino, Asian or Native American.

Wait for Admission: Residential: six months for boys, two to three months for girls. Day Treatment: two to three months. Foster Care: no wait.

Average Stay: 18 months in Residential; variable in other programs

Staffing: 66 full-time. Education, social work, psychology, nursing, and speech, music and activity therapy are represented. Chaplain is on staff.

Staff/Client Ratio: 1:2 in residential and in classrooms

Philosophy/Goals: The goal is to rehabilitate children so that they may be reunited with family, return to public school, or function independently in the community. Treatment takes a holistic approach, recognizing that what affects one part of the person affects the whole person. It rewards attempts to learn or

practice the behavioral skills necessary to effectively deal with society. Adriel School believes strongly in a structured behavioral treatment program. Staff use a point economy and level system, activity therapies (including formal pet, music and play therapy programs), and, in the residential units, professional teaching parents to help children remediate behavioral deficits and excesses. Adriel School seeks to rescue youth from lives of dependency and enable them to live productively as working people in society.

Services Offered: Skills training for independent living; leisure time management; interpersonal relationships; and basic job acquisition/retention (including experience in a production workshop).

Intake & Treatment: Social history is required and recent psychological evaluation, including the WISC, prior to admission. Projective testing helps staff understand personality dynamics, extent of disturbance, and the most helpful treatment approaches. Appropriate candidates spend a three-and-a-half hour visit at the school, accompanied by their parent(s) and agency caseworker. The purpose of the visit is to get acquainted, complete testing, and conduct observations and interviews. Within a week candidates are notified about admission decisions, an admission date is set, and admission, treatment and financial forms must be completed by parents or other representatives of the candidate.

A point system is used for structure, frequent feedback and immediate incentives. It relies also on the therapeutic nature of a structured and supervised milieu. Youth are involved in a wide array of therapeutic activities (sports, directed play therapy, arts, drama, music and outdoor recreation) to teach impulse control, social skills and teamwork, and to enhance self-esteem. A social worker serves as the contact person for the family, providing family and individual therapy and coordinating the treatment plan for the adolescent.

Education/School: Youth in the program attend the campus school. It is a county-approved special education curriculum taught by teachers and aides employed by the county board of education. The curriculum is highly individualized and emphasizes practical survival skills. Youth transitioning back to their communities may continue in public or private junior high or high schools or community colleges.

Vocation/Employment: Every student can apply for and obtain a "job" through the Work Skills program. The student earns pay for work in the campus production workshop, making bird feeders, bird houses and parking blocks, or in laundry, kitchen or landscaping services. The Work Skills program teaches the basic skills for getting and retaining a job, including accepting supervision.

Community Liaisons: The teaching parents and social workers on staff provide case management from intake through the treatment process. Their liaison work is written into the treatment plan and monitored during quarterly treatment planning meetings. The liaison attends periodic court reviews, and works with the state caseworker to provide resource linkage and home intervention. The board is also active in fundraising and advocacy efforts.

Parent Involvement: Parents are involved in treatment and transition planning through the IEP process and case management. They may also be involved in individual or family therapy with their social worker.

Aftercare/Follow-up: No funding is designated for aftercare or follow-up. The majority of students live with natural families or new foster families after discharge.

Program Evaluation: There is no formal evaluation component.

Difficulties: There are few resources or means for independent or supervised apartment living in the Adriel community.

Plans and Projects: Develop day treatment program into a partial hospitalization program; add a formal aftercare and follow-up component, independent apartments, increase capacity for outpatient service, continue the development of the Teaching Family Model in the residential cottages and include a training site on campus for foster parents.

Reasons for Success: (1) Fifteen to twenty years' refinement of the integrated behavioral approach; (2) integration of the Teaching Family model into the residential program; (3) a long history and well-developed methodology with a unique service population; and (4) good relationships with the school system and the teaching staff.

Agency: Children's Home Society

Program Name(s): Yakima Transition Home
Director: Rhonda Strother, Supervisor
Other Contact: Margo Logan, Program Developer
Street Address: P.O. Box 1448
City State Zip: Yakima, Washington 98907
Telephone: (509) 457-8139

Agency Type: Private non-profit

Program Type: Group home

Funding Sources: State of Washington (49%); fundraising and endowment (41%); United Way (10%).

Communities Served: Urban Yakima

Referral Sources: Washington State Department of Social and Human Services

Number Clients: 6

Client Profile: Males (33%) and females (67%), 15-18 years old, manifesting parent-child conflict; abuse; runaway; chemical dependency; delinquency; poor peer relationships; no skills for work. About 86% are Caucasian, 5% African-American, 2% Latino, 7% Native American.

Wait for Admission: 2-3 months

Average Stay: 6 to 8 months for completion of treatment

Staffing: 6 full-time; 3 part-time. Social work, psychology, psychiatry and criminal justice are represented. About 40% of staff members are from racial minorities.

Staff/Client Ratio: 1:3 during peak hours

Philosophy/Goals: Treatment focus: current interpersonal and other functioning, the capacity to learn and to change. A blend of behavioral, cognitive and psychoeducational modalities provides the fundamental intervention.

Services Offered: Academic and vocational planning and referral; case management; individual and group counseling; aftercare program (e.g., support group); skills training for independent living, leisure time planning, interpersonal relationships; career education and vocational training, job placement and on-site job supervision.

Intake & Treatment: Intake: Collaborative contacts to the candidate's caregivers, school and other involved resources. Staff make direct observations and contacts with the client in these settings. The candidate spends 3-7 days in a pre-placement visit. A staffing then determines whether the candidate will be accepted. The treatment plan is a problem-oriented record, built on results of psychiatric

training. The program staff also receive technical assistance and regular training from the Menninger staff.

Services Offered: Seven-day group homes and supervised apartments; individual, group and milieu therapy; skills training for independent living, leisure management, and interpersonal relationships; assistance with job placement.

Intake & Treatment: Direct referral to the Group Home and Independent Living programs from Troubled Children's Committee (child welfare, juvenile corrections and mental health divisions). Referrals to ILP include current residents of Group Homes. Intake and subsequent staffings involve psychological, emotional, academic, legal, medical and social. Candidates must be able to function in the public school system.

No candidates actively psychotic, in need of secure/more restrictive environments, chronically aggressive, or unable to maintain in community education are accepted.

Four Family Care group homes are located in separate middle-class neighborhoods; the Independent Living Program has three contiguous apartments within an apartment complex (a fourth contiguous apartment houses the Resident Counselor for the program). The group homes approximate family life, serving six children of different ages and sexes. Residents learn life skills necessary for successful independence: financial management, housekeeping, job-hunting and job-retention, social skills for responsible citizenship.

Education/School: Regular or special education community-based programs of the public school system; vocational/technical students; or community college students. The Junior League of Atlanta provides volunteer tutors for children at home.

Vocation/Employment: Vocational training available within the public school or community college systems for youth 16 or older. Independent Living Program clients receive assistance with skills for job acquisition, retention and job placement from the supervisors of the apartment living program.

Community Liaisons: A 1978 needs assessment by the Community Research Committee of the Atlanta Junior League convened a group of public- and private-sector professionals and volunteers. It adopted the Menninger Family Care model and created a demonstration project.

The Junior League, the Georgia State Crime Commission and the Community Services Administration provided initial funding for capital expenses and start-up costs.

The Junior League remains active on the Board and in a volunteer tutor program.

Troubled Children's Committee is an interdivisional effort by divisions of child welfare, juvenile justice and mental health.

The Independent Living Program is a joint effort of the Department of Human Resources and DeKalb County.

Staff social workers are liaisons between program, public schools and mental health resources. Houseparents link their children with activity resources. Social worker and houseparents meet weekly.

Parent Involvement: Parents working toward family reunification are provided information and education, transition planning, visitation, regular treatment

planning and intervention meetings with the social worker to learn techniques for intervention, or provide feedback to the overall program. Parents have not been involved in program evaluation, or advocacy efforts in the community.

Aftercare/Follow-up: No formal aftercare or follow-up program. On occasion advocates with the state for appropriation of money for youth 18-21 to continue in family care or the ILP.

Program Evaluation: No formal evaluation. However, the Menninger Family Care Home Model is 84% effective for children "who have left the Home and are living in the community, have not been incarcerated for criminal offenses and have not entered a residential treatment program."

Difficulties: None noted.

Plans and Projects: Increase its clinical services: clinical social workers conduct weekly groups in the homes and see the children individually; purchase remedial education services focused on the severe educational deficits of CHARLEE children; Plan to open a fifth group home by the end of 1988, allowing CHARLEE to serve a total of 30 children in Family Care homes.

Reasons for Success: (1) Continued involvement of significant others (parents, social worker) with the child; (2) Staff dedicated to children.

Agency: Idaho Youth Ranch

Program Name(s): Emancipation Home
Director: Michael Jones, Vice President
Other Contact: Jesse Lassandro, Facility Director
Street Address: 1416 West Franklin Street Box 8538
City State Zip: Boise, Idaho 83707
Telephone: (208) 342-6375

Agency Type: Private non-profit

Program Type: Seven-unit apartment house in Boise

Funding Sources: State of Idaho (70%); fundraising (30%)

Communities Served: Serves entire state and bordering states of Montana, Wyoming, California, Nevada etc.

Referral Sources: Department of Health and Welfare, state training school and other residential programs, community.

Number Clients: 9

Client Profile: Males (100%), 16-18 years old, lacking skills, education or resources for responsible independent living, and having mental health and/or substance abuse problems. About 2% of the boys served are Latino; about 1% African-American.

Wait for Admission: 2 weeks

Average Stay: 4-6 months

Staffing: 2 full-time; 3 part-time; many volunteers. Social work and professional child care.

Staff/Client Ratio: 1:3

Philosophy/Goals: Individualized planning emphasizes client needs, motivation and personal goals. A structured program: provides realistic independent experiences, decreased adult supervision and assistance.

Services Offered: Supervised apartment living; skills training for independent living, leisure time, interpersonal relationships; career education, job placement and on-site job supervision; aftercare and follow-up services (skill groups, holiday visits)

Intake & Treatment: An overnight stay enables candidate to assess the program and staff to assess client level of comfort and commitment to treatment. If the candidate is willing to make a commitment, references are sought from schools, foster parents, work supervisors or other community contacts. Based on this information, the treatment team and the candidate decide whether he will

participate in the program. Psychiatric/psychological evaluations and social histories are obtained from the community caseworker.

Within two weeks of admission, a case plan is formulated by the treatment team. The client discusses this outline with clinical staff during a conference call. Goals are specified and tasks assigned to the client and the clinical staff. A date for graduation is projected. Because of the "two-way assessment," clients are rarely turned down by the program. Staff may deny a candidate who is unable to give up criminality, or drugs, or respond appropriately to authority.

Treatment: structured, realistic experience of independent life. Clients live in a 7-unit, 3-story apartment house in an older residential section of Boise, Idaho. The apartments are similar to those generally available in the community. The apartment house is within two blocks of bus stops, a shopping center, grocery store, banks, YMCA and laundromat.

Staff guide the boys through a structured level system in which specific tasks are completed to advance through three levels. Each level requires more skill, independence and personal responsibility; privileges correspond to the demands of the tasks. Staff teach specific life skills (use of a laundromat, birth control, bank account, meal preparation, social skills, job interviewing, trying out for a team). Skill and problem-solving groups meet at least three times weekly.

Education/School: Majority of clients enrolled in a high school equivalency program leading to the GED; others have completed the GED or attend public high school. Volunteer tutors are available.

Vocation/Employment: All clients are required to find unsubsidized full-time employment. Job search training, mock interviews and employer support are integral parts of the program. Clients are required to open a two-signature savings account with staff at one of the local banks, to budget all income and to save at least 40% of net income.

Community Liaisons: Staff help clients establish relationships with every level of community resource; volunteer tutors and skill trainers provide much of the guidance for clients. Employer support of clients and of the program is essential.

Parent Involvement: About 12% of clients are referred by their parents, who act as the client's community caseworker. Parents are involved in case plan, and receive progress, incident and discharge reports. In all other cases (88%), parents are minimally involved.

Aftercare/Follow-up: Once a client has completed his educational plan, secured full-time employment, saved a predetermined amount of his income, and demonstrated his readiness for independence in the level system, he moves into his first apartment. The graduate is encouraged to continue participation in weekly skill groups, to visit the home, and to return there for holidays or other special occasions. Staff expect graduates to need an occasional loan or place to stay, and the home becomes a drop-in center and emergency base graduates. The program relies on fundraising by the Idaho Youth Ranch to underwrite the aftercare provided to former clients. No state funds for aftercare or follow-up.

Program Evaluation: Consumers/customers have evaluated program.

Difficulties: State funds inadequate to cover the cost of treatment or aftercare. Aftercare resources for clients who move from Boise are inadequate. Program does not provide vocational training. Staffing patterns need improvement to reduce stress and improve morale.

Plans and Projects: Planning for a similar women's home; improvements in staffing; and provision for vocational training.

Reasons for Success: (1) Willing to learn new approaches; (2) Talented and dedicated staff; (3) Structured, realistic experience.

Agency: Lad Lake, Inc.

Program Name(s): Independent Living Program (Adolescent Alternative Care Project)
Director: Brian Tompkins, Program Director
Other Contact: Dennis Neuenfeldt, Director of Treatment Services and Program Development
Street Address: Box 158
City State Zip: Dousman, Wisconsin 53118
Telephone: (414) 965-2131

Agency Type: Private non-profit

Program Type: Three-phase program of short term residential stabilization, foster home living, and independent community living.

Funding Sources: State of Wisconsin, federal government and insurance fees (50%); Milwaukee County (50%)

Communities Served: Milwaukee County (urban). Phase I on Lad Lake Campus (rural)

Referral Sources: Children's Court Probation, Department of Social Services, and other residential programs.

Number Clients: 16

Client Profile: Males (100%), 17-19 years old. Youth who have problems with delinquency, substance abuse, academic deficits or disabilities, low self esteem; histories of abuse and/or emotional disturbance. About 49% Caucasian, about 49% African-American, and about 2% Latino.

Wait for Admission: 1 month

Average Stay: 6-8 months

Staffing: (ILSP) 6 full-time; 10 part-time. Social work, education, vocational counseling and recreation therapy. (65 staff attached to the residential program which provides the first phase of the ILS program).

Staff/Client Ratio: Phase 1: 1 to 7; Phase 2: 1 to 2; Phase 3: 1 to 4

Philosophy/Goals: Treatment: blend of psychoeducational principles and a systemic orientation to family/life problems. The goal of treatment is to prepare the boy to succeed in the least restrictive environment (e.g., specialized foster care, family and home community, or independence).

Services Offered: Outpatient counseling; day treatment; respite care; five- and seven-day residential; foster homes; supervised independent apartment living; training for independent living skills, leisure time skills, interpersonal relationship skills; career education and vocational training; on-site job supervision and job placement; alcohol and drug education and treatment; sex education.

Intake & Treatment: Court-ordered youth are referred by the Milwaukee County Centralized Committee. A candidate's file is reviewed, and a preplacement interview is conducted. Intake involves educational, psychological, alcohol and drug assessment and formal testing procedures such as the Culture Free Self Esteem Inventory and Overt Aggression Scale. Assessment of functioning and specific needs continues at regular treatment conferences and reviews.

Treatment is provided in three phases. Phase I: 3 months of stabilization, assessment, career orientation and training in the on-campus residential program. Phase II: 3-6 months of community-based living in either of 2 group homes, housing no more than 4 boys each. The homes are run by professionally trained parents, who help the boys acquire independent living skills. Phase III: 3-6 months of independent living in a partially subsidized apartment or rooming house in the community. In this phase, the clients must have completed educational requirements and saved some income from current employment.

Education/School: Clients complete high school or GED in a phased program of on- and off-site academic work. Classes include regular and special education curricula, and vocational technical credits.

Vocation/Employment: Vocational training provided both on- and off-site. On-site vocations include information processing, food service, automotive mechanics, and maintenance/janitorial work. Through agreements with community-based housing rehabilitation agencies, boys learn construction/refurbishing skills. Other linkages exist with food service and grocery distributors.

Community Liaisons: Many community-based resources are utilized (e.g., job placement services, learning center for GED or high school diploma, alcohol and drug treatment agencies, housing and rehabilitation agencies).

Parent Involvement: Program focuses on responsible independence of clients; parents may be involved in family therapy, support or therapy groups, individual therapy, transition planning, and in conferences, home visits and home programs. Parents have also been involved on the Citizens' and Administrative Review Boards, and have program input through a client satisfaction questionnaire.

Aftercare/Follow-up: About 60% of clients spend some period of time living with families immediately after treatment; 40% continue in independent apartments in the community.

Program Evaluation: Yearly evaluations since its inception in 1985.

Difficulties: No specific budget or contract for aftercare and follow-up; Milwaukee County has more referrals than it has money to fund; expansion into other counties not possible because counties are unwilling to refer enough youth to pay for start-up costs.

Plans and Projects: Increase vocational opportunities and experiences; address more comprehensively alcohol/drug problems (e.g., more staff training, more formal linkages to alcohol and drug treatment/recovery resources).

Reasons for Success: (1) Staff quality; (2) flexible and adaptable in response to changing demands and needs of the population; (3) raised consciousness concerning program development.

Agency: Parrott Creek Ranch

Program Name(s): Residential Treatment Center
Director: Doug Poppen, Director
Other Contact:
Street Address: 22518 South Parrott Creek Road
City State Zip: Oregon City, Oregon 97045
Telephone: (503) 655-9144

Agency Type: Private non-profit

Program Type: Residential treatment center

Funding Sources: State of Oregon (80%); Clackamas County (12%); foundation and other (8%)

Communities Served: Statewide, with priority given to residents of Clackamas County

Referral Sources: Juvenile Court, Children's Services Division, and schools.

Number Clients: 19 in residential; 11 in aftercare.

Client Profile: Males (100%), 14-18 years old. Four to five adjudicated law violations, behavior problems, school failure, family problems, alcohol/drug abuse or dependency. Ninety-six percent of residents are Caucasian, 3% African-American and 1% Asian.

Wait for Admission: One month.

Average Stay: 4-6 months in residential, 2-3 months in transition

Staffing: 27 full-time; 2 part-time; 3 students; 52 volunteers. Social work, education and vocational counseling. One minority staff member.

Staff/Client Ratio: All staff are directly involved with clients.

Philosophy/Goals: Goals of the program: "help troubled youth and families manage difficulties associated with individual and family development, provide services to the community by assisting clients to become productive citizens, help young people achieve their maximum educational potential." Family systems theory used. Opportunities for youth to maximize problem-solving capacities and for families to learn to mediate difficulties for themselves.

Services Offered: Seven-day residential treatment (includes family and individual therapy; skills training for leisure time, independent living and interpersonal relationships; career education, vocational training, job placement and on-site job supervision); aftercare and follow-up (school consultation, family counseling, alcohol/drug referral, employment consultation)

Intake & Treatment: Interviews of the candidate, his family and agents of the referral source (the Juvenile Court or the Children's Services Division).

Administration of an alcohol and drug assessment and a test of academic achievement (the Metro Achievement-B). No youth who have committed a serious crime (e.g., arson), are actively psychotic, or with IQs measuring less than 70, are admitted.

Treatment is family focused. Family counseling sessions assist parents to establish consistent parenting practices, learn techniques for problem-solving, conflict resolution and cooperative decision-making. Families are also involved in the assessment/treatment of alcohol/drug problems. This component includes basic education, support groups and counseling, assessment and referral to community-based AA, NA and Al-Anon groups.

Group living is also a focus. Boys learn skills for cooperative living and problem-solving. Formal and informal group and individual counseling available. Includes special interest and recreational activities, e.g., sports, hobbies and classes in health, communication and social skills.

Education/School: Campus school is fully accredited, with links to the local Canby High School. Parents, teachers and student together develop educational plan to earn high school diploma, take remedial classes, or prepare for the GED. High school off-campus, or classes at Clackamas Community College available.

Vocation/Employment: Youth Employment Service: basic prevocational education part of the campus school curriculum. In pre-employment classes, the boys learn about resumes and applications, prepare for job interviews, and explore career options. Volunteer vocational instructors teach carpentry, mechanics, and drafting. In the work experience program, boys work in the community with the support of the job developer.

Community Liaisons: Parrott Creek staff contributes time to a consortium of agencies to help youth move back into the community. Linkages with local high school and community college and with local employers. Many services within the program are provided by volunteers or student interns, e.g., school tutors, vocational instructors, visiting families, Big Brothers, fundraisers and program advocates.

Outpatient family services in a separate facility; cooperation with Employment, Training and Business Services (ETBS) on community job development projects for adolescents. It helped establish a Youth Services Team for two local communities.

Parent Involvement: Parents offered family therapy, transition planning services, drug and alcohol education, parenting training, individual therapy and case management services. Parents are active in deciding number of family therapy sessions, the issues, and the point they will evaluate and renegotiate a contract.

Follow-up phone surveys with parents six months after their adolescent leaves the program. Parents also have written letters and provided public testimony.

Aftercare/Follow-up: Counselors work with family members three to five months after the boy's move back home. They meet with family, home school, continue individual counseling, contact the boy's employer, and help link boys with community-based recreation. Directly funded by the state of Oregon.

About 60% return to natural families; 20% to foster families; about 8% move to group homes; 3% to independent apartments; and about 9% move on to equally or more restrictive seven-day residential treatment.

Program Evaluation: No formal evaluation component. Information management system used in program evaluation.

Difficulties: Lack of resources in the public schools for youth with learning and/or emotional disabilities; problems in planning for alcohol/drug-addicted youth at risk for relapse.

Plans and Projects: A parent support and education group and a proctor-care program; proctor family halfway house for older youth transitioning to independent living.

Reasons for Success: (1) Client motivation; (2) transition services; (3) jobs for clients; (4) educational services; (5) skill-building focus; and (6) family participation.

Agency: The Boys and Girls Aid Society of Oregon

Program Name(s): Pettygrove Program
Director: Chelsea Brinson, Program Treatment Director
Other Contact: Theresa Thorson, Intensive Services Director
Street Address: 2301 NW Glisan Street
City State Zip: Portland, Oregon 97210
Telephone: (503) 222-9661

Agency Type: Private non-profit

Program Type: Residential treatment center

Funding Sources: State of Oregon (90%); Title XIX (6%); private clients (4%).

Communities Served: Urban and rural tri-county area surrounding Portland, Oregon.

Referral Sources: State training school for girls; county branches of state Children's Services Division; private sources.

Number Clients: 13

Client Profile: Females (100%), 13-21 years old; substance abuse, conduct disorder, impulse control disorder, depression, attention deficit, anxiety disorder, delinquency and school failure. Ninety-seven percent are Caucasian; 3% are African-American, Latino or Native American.

Wait for Admission: 41 days. Trial visits occur during wait.

Average Stay: 6-12 months

Staffing: 6 full-time; 4 part-time; 3 students; 4 volunteers. Social work, psychology and education.

Staff/Client Ratio: 1:3

Philosophy/Goals: Positive Peer Culture group treatment: includes peer support and confrontation, and a level system of contingent privileges and responsibilities. Treatment focuses on what the adolescent and family want to change about their functioning. Treatment seeks to help the family's current situation by giving tools and support.

Services Offered: Skills for obtaining/maintaining employment; money management; education; housing assistance; aftercare involving interagency networking; individual and family counseling, home visits; and referrals for community treatment.

Intake & Treatment: Intake: specific problems and history of out-of-home placements, assessment of past and current status in several areas: family structure, family concerns (when possible), drug/alcohol use, sexual activity/knowledge, school/work, changes and other stressors, medications, DSM-III-

R diagnosis, and public caseworker's goals for treatment. Aftercare placements identified at intake. Candidates visit the program for one or more trial visits (2-3 days long). Graduates may also re-enter briefly if aftercare plans changed.

No arsonists, extreme assault, practicing homosexuals, or person with IQ below 80.

Education/School: Regular and special education classes on-site. Credits toward high school diploma or GED preparation. Special education, vocational/technical, community college, college courses, GED testing, and regular classes also off-site.

Vocation/Employment: Vocational training and career education on-site and off-site for age 12 and over. On-site opportunities include office occupations; institutional foods; information processing; retail services; and office ocupations. On-the-job training on- and off-site.

Community Liaisons: Case management begins at intake to coordinate educational and job or job-training placements in the community, referrals to community-based mental health, Alcoholics Anonymous/Narcotics Anonymous or other resources. Case manager contacts treatment network during residential phase to serve the client in her aftercare placement. Coordination with community resources is a major factor in program success. Well-established formal and informal linkages within the Portland mental health and youth-serving communities (e.g., Children's Services Division, juvenile courts, state training schools, Private Industry Council, public school system, community mental health centers, AA/NA, Girl Scouts).

Parent Involvement: Involved parents participate in goal-setting; family counseling; regular progress/planning meetings; and the transition and aftercare planning for their daughter. Plans include home visits and setting guidelines and rules for behavior.

Aftercare/Follow-up: Most clients return to their families as part of their aftercare plan. About 40% of aftercare plans include an independent apartment. Case management seeks to have in place at discharge a community-based network tailored to the client's needs.

Program Evaluation: Regularly evaluated by Children's Services Division, Mental Health Division, and Child Welfare League of America. Evaluate intake and treatment planning procedures, service delivery, interagency collaboration and successful terminations.

Difficulties: Need more community-based services for adolescent female clients, particularly specialized "transition apartments" for aftercare. Too few resources for treatment of juvenile prostitutes and too few providers of drug/alcohol treatment.

Plans and Projects: Develop a more complete aftercare program; link clients to job-training opportunities which provide ongoing employment and chances for advancement.

Reasons for Success: (1) Coordinated services with community treatment resources; (2) daily group counseling as part of the Positive Peer Culture model; and (3) individualized, comprehensive treatment planning.

Agency: The May Institute

Program Name(s):
Director: Walter P. Christian, Ph.D., Executive Director
Other Contact: Eric V. Larsson, Ph.D.; Stephen R. Anderson, Ph.D.; Stephen C. Luce, Ph.D.
Street Address: Box 708 100 Sea View Street
City State Zip: Chatham, Massachusetts 02633
Telephone: (617) 945-1147

Agency Type: Private non-profit

Program Type: Residential; vocational day treatment

Funding Sources: State of Massachusetts (40%); local school districts (40%); foundations (for support services only) (20%).

Communities Served: All of New England

Referral Sources: Local schools; Department of Social Services; other residential programs.

Number Clients: 46

Client Profile: Males (60%) and females (40%), 11-21 years old; significant problematic behaviors such as delayed social and language skills (e.g., psychotic speech, aggressive or self-injurious behavior). Deficits in leisure and vocational skills; diagnosed with behavioral, conduct, or emotional disorders (60%); autistic (20%); pervasively developmentally delayed (10%); mentally retarded (5%); schizophrenic or psychotic (5%). Seventy-eight percent are Caucasian, including Italian and Portuguese children for whom English is a second language. Fifteen percent are African-American, 5% are Latino, and 2% are Asian.

Wait for Admission: No waiting list.

Average Stay: 3 years

Staffing: 120 full-time; 20 part-time; 20 students. Psychology, social work, education, vocational counseling and nursing. Three staff members are from racial minorities.

Staff/Client Ratio: 1:2.2

Philosophy/Goals: Not psychiatrically nor psychoanalytically oriented. Structured behavioral program driven by IEP goals and focused on maximizing the child's functioning by providing a trained, sensitive, and supportive environment.

Services Offered: Outpatient counseling, day treatment, seven day residential (including therapeutic foster care); group homes; aftercare and follow-up; skills training for independent living, leisure time management, interpersonal relationship skills; vocational training; parent training in the home and community; school consultation and training.

Intake & Treatment: Intake: Structured Family and Community Assessment and the Transitional Priorities Worksheet. Assesses child's needs, skills and resources and identifies 5-7 long range behavioral goals. Treatment in the residential programs (3-21 years old) or the vocational day treatment program (12-21 years old).

Treatment: a highly structured behavioral approach. Children move to therapeutic foster care/group home living on the way back to the community.

Education/School: Special education classes on- and off-site; high school diploma or vocational/technical credits available. Most classrooms located in local public school district. One-to-one instruction and small-group formats to acquire skills for success in next environment. Instruction in academic, communication, vocational, community-living and social skills.

Vocation/Employment: Residential program: Career and vocational education begins at nine years old; vocational day treatment program begins at 12. Light manufacturing and institutional foods training is available on-site.

Community Liaisons: The direction of treatment is toward the client's return to his/her home community. A social services coordinator and two parent trainers coordinate case management, parent training and school consultation. Treatment team includes a representative from the home school, home social service agency, and parents. Assessment, training and consultation are available for the family and child.

Parent Involvement: Financial incentives are provided to direct-care staff to become Parent Trainer Associates. Every family with a child at the May Institute has a Parent Trainer. Training supports the treatment plan, teaches parents techniques for managing children and for behavioral record-keeping.

Training is individually focused for each family. Parents influence program planning through Parent Advisory Board, the Human Rights Committee, and/or a satisfaction measure.

Aftercare/Follow-up: Schools were unwilling to pay for aftercare services. Now covered in the basic cost of service.

About 40% return to their families; 40% group homes, 10% foster families, and 10% continued seven-day care.

Program Evaluation: Reliability assessments on data kept on each child; tracks 33 key indicators yearly and provides a consumer satisfaction questionnaire to parents and local agents.

Difficulties: Transition is funded from the basic yearly rate but may require separate funding as a separate phase of treatment.

Plans and Projects: Exploring ways to secure solid funding for a transition phase of treatment. Need more interpreters to work with families for whom English is a second language.

Reasons for Success: (1) Extensive staff training-and-management package; (2) structured behavioral approach; and (3) attention to transition from treatment to community.

Agency: Treatment Homes, Inc. ("THINC")

Program Name(s): "THINC"
Director: Ms. Consevella James, LCSW, Executive Director
Other Contact:
Street Address: 2020 West Third Street, Suite 301
City State Zip: Little Rock, Arkansas 72205
Telephone: (501) 372-5039

Agency Type: Freestanding private non-profit

Program Type: Therapeutic foster care

Funding Sources: Arkansas Department of Human Services Division of Children and Families (99%); private donations and fundraising (1%)

Communities Served: Serves the state; offices in urban Little Rock; majority of foster families in rural communities around Little Rock and central Arkansas area.

Referral Sources: County Department of Human Services; Division of Children and Family Services; juvenile courts and hospitals.

Number Clients: Contract eleven slots; program has capacity to provide services in 21 foster homes.

Client Profile: Males (50%) and females (50%), infancy to 18 years old. About 50% 11-18 years old, with adolescents 11-13 heavily represented. Histories of failure in several foster, psychiatric or residential placements; typically experienced sexual and/or physical abuse or abandonment; depressed, suicidal, aggressive and poor peer relations; low self-esteem and educational/academic deficits due to learning disabilities or emotional problems. Ninety percent diagnosed as having emotional disorders; eight percent diagnosed behavioral or conduct disorders; two percent mentally retarded or medically impaired (failure to thrive or fetal alcohol syndromes). Ninety-five percent of children served are Caucasian; 5% African-American.

Wait for Admission: No waiting list, but Department of Human Services maintains temporary placements for 2-3 weeks awaiting an opening.

Average Stay: 9-11 months (6 months for a child with a local and intensively involved birth family to 2.5 years for a child pregnant at admission and without family).

Staffing: 3 full-time; 2 part-time; 1 student. Social work, psychiatry and public relations.

Staff/Client Ratio: 1 to 6. THINC seeks to place one child in each foster home. Sibling groups, if possible, kept in same home.

Philosophy/Goals: Strong commitment to permanent placement, either with birth family, with relatives or with an adoptive family. The foster families help facilitate visitation between the child and the permanent placement and provide

modeling for the birth and adoptive families. Problems are multi-determined, focusing on current behavior rather than "causes."

Services Offered: Individualized independent living skills training; may include basic budgeting, driving, maintaining checking and savings accounts, paying bills, finding and maintaining a job, meal planning and preparation, and parenting.

Respite care available to foster family. Child introduced to the backup foster family prior to a respite stay to familiarize child with respite family.

Intake & Treatment: An Admission Committee reviews all referrals. Referral information includes problem descriptions, histories and reasons for placements, and psychological evaluations. After review, staff matches the candidate with a foster family. The placement recommendation is reviewed with the foster family; child has preplacement visits; and is formally admitted to the program. No actively psychotic, violent, self-harming or suicidal, mentally retarded, or firesetting children.

Within thirty days a placement conference is held; includes birth, foster family and state agencies. A long-term plan is addressed and objectives identified to meet initial goals. A treatment staffing follows; staff work closely with the foster family, birth parent(s) and local mental health outpatient staff to coordinate treatment services. Treatment modality varies with each child and is defined by the IEP and orientation of the mental health treatment personnel.

Education/School: Children attend local public schools, with about 20% in special education. Others are in public regular or vocational/technical curricula. Vocational programs vary with location.

Vocation/Employment: Career education and vocational training are part of the public school curriculum, available to students 12 or older. Among the occupations available are cosmetology, institutional foods, automotive repair and office occupations.

Community Liaisons: THINC recruits foster families from the community and links them with outpatient counseling and other services. Placement and treatment planning involve birth and foster families and representatives of state and local agencies. Program staff make weekly contacts with the state case manager. Staff appear at hearings and participate on committees for service groups, advocacy groups and community service-coordination groups. They are members of state Foster Care Association, and have been instrumental in reactivating Arkansas Action for Foster Children.

Parent Involvement: Birth parents are encouraged to be involved in foster care experience by visiting and attendeding trainings provided to foster parents. Family and individual therapy are available. Parents are involved in program evaluation and policy-making and through continued contact with the foster families.

Aftercare/Follow-up: Not funded. Follow up rests with county Children and Family Services. Most foster families stay connected with the birth or adoptive family, providing an informal follow-up network. Thirty-seven percent return to the birth family; 3% discharged to foster care; 40% placed in adoptive families;

13% discharge to seven-day residential treatment care and 7% leave for independent living situations.

Program Evaluation: Regularly evaluated by licensing and funding agencies. A semi-formal internal performance evaluation occurs. Yearly data is gathered. Current review of the past five years of data.

Difficulties: Need options for supervised and/or supported independent living; independent living sites generally not available. More support services needed (e.g., family counseling, financial aid, homemaker and daycare services). Need similiar resources to support the families once the child is returned home. Transportation services lacking in some areas. In other areas the service exists but cannot be accessed.

Plans and Projects: To train and support more families; to offer outpatient counseling in-house to assure philosophical consistency; to provide counseling to foster families on issues stirred up by the foster care experience; to offer more advanced training to experienced foster families and additional training to new foster parents.

Reasons for Success: (1) Staff and the foster families have the necessary experience and training; (2) quantity and quality of support for foster families; (3) a match between foster families and children and the commitment of the families to the children placed with them; (4) a commitment to permanent placement, empowerment of parents and the importance of the family; (5) client staff ratio.

Agency: Whitaker School

Program Name(s): Whitaker School
Director: Mary Behr, Executive Director
Other Contact:
Street Address: K Street
City State Zip: Butner, North Carolina 27509
Telephone: (919) 575-7360

Agency Type: Public

Program Type: Seven-day residential treatment center

Funding Sources: State of North Carolina, Division of Mental Health, Mental Retardation and Substance Abuse Services (98%); federal (1%); fees (1%)

Communities Served: State of North Carolina

Referral Sources: All referrals from schools, private practitioners and other agencies/providers are made through the local mental health centers of the four state regions.

Number Clients: 24

Client Profile: Males (67%) and females (33%), 13-18 years old; no family resources. Language disorders and learning disabilities, impulse control problems, physical aggression, behavioral/conduct disorders, and emotional disorders. About 50% of youth served are Caucasian, 50% African-American.

Wait for Admission: Serves youth most in need first; wait varies according to needs/resources.

Average Stay: 8 to 9 months

Staffing: 54 full-time; 1 part-time. Education, nursing, psychology, and psychiatry.

Staff/Client Ratio: 2.5:1 during waking hours

Philosophy/Goals: Psychoeducational treatment program modeled on Re-Ed principles; problems seen as a poor fit between the child and his/her environment.

Services Offered: Skills training for independent living, interpersonal relationships and leisure management; vocational training and career education; day treatment and aftercare and follow-up services.

Intake & Treatment: Referrals come from the four regional committees which deal with hard-to-place youth. When a child leaves the program, his regional committee is notified of an opening, and the committee fills it from its waiting list. Whitaker does not screen referrals.

Unable to serve adolescents who require skilled nursing or who are intellectually unable to benefit from the fast-paced, highly verbal treatment program.

The treatment plan uses assessment battery (e.g., Achenbach Child Behavior Checklist, family and child measures, and academic and psychosocial assessments).

Prior to discharge, the client ideally spends more and more time in the discharge setting. Staff reduce treatment programming (points, level system, adult supervision) and increase opportunities for independence.

Education/School: Whitaker will negotiate with the clients' local high schools to apply their credits toward a diploma, or, where appropriate, with programs that grant the GED. Most clients are unable to pass state competency test for high school diploma and GED. Special education classes available on-site.

Vocation/Employment: At age 14 and up, career education and vocational training are available. Career education on-site; work experience in woodworking and assembly available off-site.

Community Liaisons: Liaison Teacher/Counselor (LT/C) acts as liaison to the community, beginning prior to admission. The LT/C functions as a member of the treatment team and acts as the bridge between Whitaker campus programs and the community. LT/C interprets program information to the community to build a community network based on the client's needs for structure, feedback, external control, group process and specific services.

Parent Involvement: Most clients do not have participating families. For families who do participate, case management, information/education and transition planning are provided to help the family build therapeutic alliances in their home communities. Staff seek family input and feedback on intervention strategies and treatment gains. Parents interested in learning to apply behavioral strategies at home may participate in parent training.

Aftercare/Follow-up: About 60% live in group homes after discharge; 10% live in supervised apartments; 30% live with natural or foster families. Aftercare and follow up limited because no special funding or programming is available.

Program Evaluation: No ongoing database for program evaluation but plans are in progress.

Difficulties: Need structured, highly supervised vocational training and supervised apartment living; few resources for family-involved residential treatment; difficulties in transitioning youth back to their communities. Geographical distances impede support and maintenance of local resources for discharged youth.

Plans and Projects: Increase capacity to help meet needs locally (e.g., with smaller catchment areas and more physical sites); increase money, time, training and staff to help local communities serve youth returning from Whitaker School.

Reasons for Success: (1) Program and staff committed to developing network of services in the youth's community; (2) program and staff motivate community agencies to work for the adolescent.

Agency: Youth Adventures, Inc.

Program Name(s): Post Residential Community Services
Director: Richard S. Patton, Executive Director
Other Contact:
Street Address: 15544 Clackamas River Drive
City State Zip: Oregon City, Oregon 97045
Telephone: (503) 656-8005

Agency Type: Private non-profit

Program Type: Community-based outpatient support

Funding Sources: Oregon Children's Services Division (85%); Clackamas County Courts and Juvenile Services (10%); private insurance and fees (5%)

Communities Served: State of Oregon

Referral Sources: Oregon Children's Services Division; juvenile courts; other treatment agencies

Number Clients: 13

Client Profile: Males (60%) and females (40%), 13-18 years old; poor family, peer, school and community relationships. Include adjudicated delinquency, verbal aggression, impulsiveness, poor self concept, sexually abused, substance abusers, and poor response to authority. Ninety-five percent are Caucasian; 5% are African-American.

Wait for Admission: 2 weeks to 3 months

Average Stay: 7-8 months in residential, 3 months in post residential community service

Staffing: 26 full-time; 4 part-time; 2 students; 1 volunteer. Social work and psychiatry.

Staff/Client Ratio: Not available.

Philosophy/Goals: Positive Peer Culture, AA/NA, and counselor-supported community-based school and work settings; family/ecological systems approach. The therapeutic relationship is maintained in an outpatient model.

Services Offered: Weekly family counseling (including marital counseling if indicated); group and individual parent education, parent support group; 24-hour on-call; advocacy/support in the community-based school and/or job; weekly involvement in treatment groups (for substance abusers, sex offenders, victims of sexual abuse); scheduled telephone contact; and regular review of school progress reports.

Intake & Treatment: Youth must have completed the Residential Program. Residential candidates are referred to Youth Adventures by Children's Services

Division (CSD). Intake: screening with the candidate, his family, and representatives from CSD and/or the courts; assessment needs and commitment to treatment. Assessment tools include the Achenbach Checklists, Jesness Inventory, California Aptitude Test, California Personality Inventory, psychiatric consultation, and drug and alcohol, sex abuse and sex offender assessments.

Goal-oriented individualized treatment plan is reviewed every six weeks. Psychiatric consultation and specialized assessments are available whenever indicated. Not able to serve adolescents who are pregnant, firesetting, unable to function in a public school, in need of a locked facility or unable to benefit from or contribute to group process because of low intellectual functioning or active psychosis.

Education/School: Adolescents continue in public school, either in the Oregon City district (which serves all youth in residential care), or in a new placement in their home community (for youth from geographically distant communities). Individualized Education Plan (IEP) drives services.

Vocation/Employment: Summer-job programs through the community and the Education Training and Business Services (ETBS). If 14 years old or older, participation part of treatment plan. Staff provide community-based support to youth.

Community Liaisons: Staff and program planners dedicate energy/resources to improve relationship with the local school district. Full-time counselors are on-site at the schools to assist youth and school personnel. Family counselor acts as case manager throughout residential and post-residential services. The focus during post-residential service is on facilitating community-based linkages.

Parent Involvement: Parents are considered part of the treatment team. Involved in developing treatment plan, carrying out interventions and behavioral programs at home during residential service; transition planning to post-residential service. Family counseling, group or individual parent training, and group support provided. 24-hour on-call services available; regular telephone contact with Youth Adventures staff; and treatment or other referrals negotiated with family counselor. Parents also involved in board activity and program advocacy; will be surveyed for new computer-based evaluation system.

Aftercare/Follow-up: Most adolescents receive post-residential services. For those few who cannot return to family, Youth Adventures provides post-residential services to adolescents living independently in community apartments. The computer-based evaluation system will collect and analyze formal follow-up data beginning in 1988-89 service year.

Program Evaluation: A three-year project to construct a computer database is being concluded. This system will make available evaluation of all service components.

Difficulties: Need funding and facilities for supervised apartments for youth, grants for temporary financial support for youth transitioning from school and home into work and the community, and a continued commitment to educate those youth who may not be candidates for high school diplomas. Concern that increased interest in Oregon in early intervention may mean the abandonment of

programs and services for adolescents. Need larger and more sensitive youth-serving network to successfully counteract the lure of life on the streets.

Plans and Projects: To expand and fortify the continuum of services; to adopt a highly flexible model so client can easily move among services according to need. To this end, need program for boys modeled on program's alternative day treatment service for girls, and to include professional proctor homes as treatment resources to programs.

Reasons for Success: Comprehensive, family-focused and group treatment program design.

Agency: Youth Home, Inc. and Arkansas Children's Hospital

Program Name(s): Genesis and Turning Point
Director: Beth Cartwright, Clinical Director, Youth Homes, Inc.
Other Contact: Dr. Richard Livingston, Medical Director, Turning Point (at Arkansas Children's Hospital)
Street Address: Youth Home, Inc.: 5905 Forest Place
Arkansas Children's Hospital: Eighth & Marshall Streets
City State Zip: Youth Home, Inc.: Little Rock, Arkansas 72207
Arkansas Children's Hospital: Little Rock, Arkansas 72202
Telephone: Ms. Cartwright: (501) 666-1960; Dr. Livingston: (501) 661-5371

Agency Type: Private non-profit

Program Type: Long-term intensive residential treatment

Funding Sources: Medicaid (67%) and private insurance (33%) pays for treatment. The educational component is paid for by the client's local school district which is reimbursed by the state.

Communities Served: Mixed rural, urban and suburban areas statewide

Referral Sources: Many referrals from Turning Point, a short-term program of stabilization and evaluation based at the private non-profit Arkansas Children's Hospital. Turning Point and Genesis work cooperatively to serve hospitalized youth. Other referrals come from the Arkansas Department of Children and Family Services and from other mental health providers.

Number Clients: 30, in one boys' cottage and one girls' cottage. Expansion will provide service to 60 clients.

Client Profile: Males (about 50%) and females (about 50%), 12 to 17 years old. Typically traumatized by sexual or physical abuse; undersocialized and self-destructive. Those referred from Turning Point may have been hospitalized when suicidal. Diagnoses include Post-Traumatic Stress Disorder, depressions, conduct disorders, affective disorders, learning disabilities, and mental retardation. Most have multiple diagnoses. Eighty percent are Caucasian. The majority of minority clients are African-American, though Genesis has served a very few Latino or Asian clients.

Wait for Admission: Variable

Average Stay: 18 months

Staffing: One program manager: both cottages. One masters level residential treatment manager at each cottage and 14.5 residential treatment counselors (rotating shifts) per cottage.

Staff/Client Ratio: 1:3 (cottages)

Philosophy/Goals: Emotional disturbance: "a lack of fit in relationships which youth have with significant others and social systems." Genesis applies the Re-Ed

(re-education) treatment model. Treatment: individualized, relationship-based, and multimodal approaches including a level system. Problems are multidetermined, and each psychiatric evaluation includes a formulation of the factors that contribute to the specific individual's problems.

Services Offered: Seven-day residential treatment, including skills training for independent living, leisure management, and interpersonal relationships; respite care (Turning Point beds may be used as an emergency/crisis back-up for Genesis clients); group homes (Youth Home, Inc. group homes may be used as part of a transition plan from residential treatment to aftercare plan); community-based "friendship sponsors" for youth leaving Genesis for independent living; aftercare and follow-up services.

Intake & Treatment: Referrals from Turning Point receive a complete psychiatric evaluation or the components needed to supplement existing psychiatric information. The Intake Coordinator (a social worker) gathers information from school, community, home, previous placements or providers; presents information to team to decide on admission. No youth who are severely retarded, need a less restrictive alternative, or show any evidence upon evaluation of anything other than criminal behavior.

Once admitted, a treatment team generates an Initial Treatment Plan and extensive social history. Team writes a comprehensive Problem-Oriented Record which serves as the Master Treatment Plan and is reviewed every 30 days. Providers chart daily on client contact.

As client progresses, external involvement increases according to a five-phase Transition Process. Orientation is the most restrictive phase. The client learns program structure, rules, and expectations. The second phase, Transition One, allows the client to respond to the treatment environment with a sense of trust and safety, and to come to some awareness of self with regard to strengths, problems, and interpersonal style. In Transition Two, the client focuses on learning behavioral, cognitive and affective skills for remediating problems. Transition Three's goal is for the client to master skills for successful membership in groups. During Transition Four, the program focuses on generalization of treatment, helping the client transfer his/her learning to natural settings (home, school, community and peer groups). Each phase includes specific criteria for mastery, privileges and responsibilities and individualized treatment focus.

Education/School: Regular and special education classes on-site. High school diploma or a GED available.

Vocation/Employment: Vocational/technical school off-site. Career education is part of the on-site curriculum. Currently few options available for hands-on experience. Job placement and on-the-job supervision available for summer jobs on and off campus.

Community Liaisons: Ongoing effort on behalf of the client is coordinated during the treatment process by social services or the courts, whose representatives attend treatment planning and review meetings. Genesis affiliated with Arkansas Children's Hospital and the University of Arkansas for Medical Sciences. Youth Home, Inc. is involved in the Arkansas Coalition for Youth at Risk, with representatives from 70 agencies coordinating case management for youth with serious emotional disturbance.

The Board is involved in fundraising and has a volunteer lobbyist.

Parent Involvement: Family or group therapy available. Individual therapy through the adult clinic affiliated with the University of Arkansas for Medical Sciences. May participate in organized support groups, and receive transition planning, information and education and case management services. Parents of youth hospitalized at Turning Point participate in program evaluation conducted by the Arkansas Children's Hospital.

Aftercare/Follow-up: Aftercare and follow-up are paid separately. A psychiatric aftercare plan for youth entering Genesis from Turning Point is written into evaluation. Aftercare groups required of youth. Families receive intensive services for the first 90 days. More than 50% of Genesis youth return to their families. For those living in communities distant from Little Rock, aftercare plans connect them with local community mental health centers. For those who leave Genesis to live independently (less than 10%), a community-based "friendship sponsor" is identified as part of aftercare plan. Sponsor is a personal resource and mentor to client during his/her transition to independent life. About 30% of Genesis clients move to Youth Home, Inc., group homes after intensive residential treatment.

Program Evaluation: Medicaid and JCAH conduct regular evaluations of this approved and accredited program.

Difficulties: Some school districts unwilling to pay for educational services. Need for transitional living facilities--group living or supervised living--prior to independent living. Few resources to fill gap between outpatient counseling and intensive residential treatment (e.g., day treatment).

Plans and Projects: Staff turnover a problem. Working on ways to create a stable staff group.

Reasons for Success: (1) Competent and dedicated staff; (2) Board of Trustees responsive and good at fundraising; (3) Chief Executive Officer expert manager.

HOSPITAL & PARTIAL HOSPITALIZATION BASED TRANSITION PROGRAMS

Agency: ADVANCES of Berks County

Program Name(s): ADVANCEHOMES; ADVANCES-Day Treatment
Director: Joseph Conway, Executive Director
Other Contact: Kathleen Barrell, Administrative Assistant
Street Address: Millmont School Building; Summit and Belvedere Avenues
City State Zip: Reading, Pennsylvania 19611
Telephone: (215) 376-7322

Agency Type: Private non-profit

Program Type: Therapeutic foster care plus partial hospitalization

Funding Sources: Berks County (61%); State of Pennsylvania (medical assistance) (25%); United Way of Berks County (6%); parent fees (2%); school district, donations, interest and miscellaneous sources (6%)

Communities Served: Berks County: rural, urban and suburban

Referral Sources: Public schools; children's services; Berks County Mental Health

Number Clients: 10 therapeutic foster care placements serving 50 youth each year. Additional 50 in partial hospitalization program.

Client Profile: Partial hospitalization: males (82%) and females (18%), 11-18 years old. Therapeutic foster care: males (50%) and females (50%), 11-18 years old. Chaotic family life, unstable environments and emotional deprivation. Moderately delinquent and/or sexually and interpersonally inappropriate. May have neurological difficulties. Eighty percent: dual diagnoses of conduct and emotional disorders. Fifty percent are Caucasian, 15% are African-American, 35% are Latino.

Wait for Admission: No information.

Average Stay: 6-12 months in foster care. 6-8 months in partial hospitalization.

Staffing: 17 full-time; 1 part-time; 2 students. Social work, psychology, nursing and vocational counseling.

Staff/Client Ratio: 1:5

Philosophy/Goals: Goal: to return adolescent to natural family or a less restrictive setting. Provides mental health services in a specialized family setting to meet treatment needs and reduce the psychological damage from failures in traditional foster homes. If unable to return to natural families or traditional foster care, goal is to stabilize success in a family environment and avert a more restrictive placement.

Services Offered: Therapeutic foster care (ADVANCEHOMES) and partial hospitalization (ADVANCES-Day Treatment); individual therapy, family therapy, respite care; skills training for independent living, leisure management, interpersonal relationships; vocational training, career education and job supervision.

Intake & Treatment: Candidate's needs are assessed from information provided by Service Access and Management and Berks County Children and Youth Services. Representatives of these bodies formulate an individualized residential and service plan and provide ongoing clarification of plans.

A pre-placement visit is part of the intake procedure; precedes placement in the home.

No heavy drug or alcohol abusers, mentally retarded, or dangerous to self, foster family or community.

Therapeutic foster care youth receive individual therapy from ADVANCEHOMES staff, ADVANCES-Day Treatment partial hospitalization program, or outpatient Basic Service Units of local hospitals. Weekly therapy by ADVANCEHOMES staff focuses on issues of separation from natural family, adjustment to foster family, socialization, academic/vocational progress, coping with conflict and anxiety, and specific individual issues.

Home visits throughout foster placement help facilitate good communication.

Education/School: Regular or special education curricula provided on-site by the BCIU. Students earn credits toward a high school diploma or the GED.

ADVANCEHOMES students attend local special education classes or train at vocational-technical schools.

Vocation/Employment: Clients 15 or older focus on vocational and career educational issues. They may also pursue local vocational-technical training. Information processing, institutional foods, automotive mechanics, retailing, office occupations and printing available.

Community Liaisons: ADVANCEHOMES receive joint placements from Berks County Mental Health and Berks County Children and Youth Services. Basic Service Units of local hospitals provide outpatient therapy to clients not enrolled in ADVANCES-Day Treatment. Berks County Children and Youth Services provide case management. Informal relationships with vocational/technical schools, universities, community colleges, local schools, job training programs, alcohol and drug treatment resources, juvenile justice agencies and health care providers.

Parent Involvement: Natural and foster parents encouraged to be involved in formulation and monitoring of service plans for their child or foster child. Review monthly treatment plan with ADVANCES counselors. May implement interventions with support and direction of staff.

ADVANCEHOMES provides respite services to natural and foster families.

Aftercare/Follow-up: Through state medical assistance funding, Berks County Children and Youth Services provides six months of aftercare for families. Eighty-five percent return to natural families. Ten percent move to traditional foster families. Four percent go to seven-day residential settings. One percent live in independent apartments after leaving therapeutic foster care.

Program Evaluation: No evaluation component.

Difficulties: Need for adequate, stable funding; funding difficulties take away from therapeutic efforts; no formal funding for aftercare.

Plans and Projects: No information.

Reasons for Success: (1) Small number of therapeutic foster care placements support clients, ADVANCEHOMES families and natural families; (2) involvement of ADVANCES-Day Treatment and the Basic Service Units of local hospitals essential component of intervention and support.

Agency: Clackamas County Mental Health Center

Program Name(s): Adolescent Day Treatment Center
Director: Rick Robinson, Ph.D., Mental Health Program Supervisor
Other Contact: Joan Dickey, RCSW, Intake Coordinator; Christopher Ryder, Psy. D., Psychology Resident
Street Address: 4199 SE King Road
City State Zip: Milwaukie, Oregon 97222
Telephone: (503) 655-8264

Agency Type: Public

Program Type: Year-round psychiatric day treatment

Funding Sources: Oregon Children's Services Division; insurance; and parent fees. Administered 100% by Clackamas County.

Communities Served: Clackamas County (rural, urban)

Referral Sources: Public schools; public and private outpatient mental health providers; private and public psychiatric hospitals

Number Clients: 16 (12 state contract slots)

Client Profile: Males (60%) and females (40%), 12-17 years old. Personality disorders, pervasive developmental delays, attention deficit disorders, adolescent onset thought disorders and anxiety/depression. About 95% of clients are Caucasian; 5% are members of racial minorities.

Wait for Admission: 2-3 months for state-funded clients; variable for others.

Average Stay: 9-12 months

Staffing: 6.5 clinical staff; 1 student. Psychology, social work and professional child care.

Staff/Client Ratio: 7.25 FTE clinical and supervisory: 16

Philosophy/Goals: Cognitive behavioral and developmental models. An interdisciplinary approach emphasizes comprehensive assessment and treatment planning. Highly structured daily program of individual, group and family services.

Services Offered: Comprehensive assessment; core therapy groups; individual therapy; boys' and girls' groups; social skills groups and socialization classes; community meeting and daily morning meeting; recreation; vocational and pre-vocational training; family therapy; parent groups and parent training

Intake & Treatment: Ancillary supporting documentation (e.g., previous psychological or psychiatric evaluations, summaries of previous treatment efforts, IEP plan) are submitted by referring agent. Intake Coordinator reviews and a

face-to-face assessment interview is scheduled. Candidates may be turned down at any point in the procedure.

No primary alcohol/drug abusers, delinquents or persons with mental retardation. No extremely physically aggressive youth. The treatment program consists of three stages: assessment, treatment and transition/discharge. During the assessment phase (the first three to four weeks in the program), each client receives a comprehensive assessment, including developmental, medical and psychosocial histories, educational and psychological testing, psychiatric examination, family assessment and observation, and evaluation in the milieu. Multi-disciplinary team reviews the assessment data and develops a goal-oriented treatment plan for adolescent and family.

Individual, group and family services in a highly structured daily program. Includes family therapy, parent groups and parent training seminars, core therapy groups, individual therapy, boys' and girls' groups, social skills and socialization groups, group recreation, and pre-vocational and vocational training.

Transition/Discharge: liaison with education and vocation resources, transition group, community consultation, referral to community resources, and follow-up. Aftercare resources are identified within the comprehensive treatment plan and evaluated at each quarterly review. Individualized transition plan developed in conjunction with all involved parties. Client on "transition status" typically about 9 weeks. During this period, depending on his/her individual plan, the client spends more time daily in his/her discharge placement and attends transition group.

Education/School: Regular and special education classes on-site. Education program designed to meet the goals of Individualized Education Plan (IEP), and offers credit toward middle school completion or a high school diploma. Clients are grouped according to age, with attention paid to developmental level. For one group; therapy, social skills and treatment focus on compliance with rules and authority figures. For the other group, focus of therapeutic interaction is on responsible independent behavior, problem-solving and decision-making.

Vocation/Employment: Under 14 years old, clients participate in pre-vocational training. Clients over the age of 14 participate during the summer in the Education Training and Business Services (ETBS) vocational program. Work available in institutional foods, office occupations, landscaping, janitorial and carpentry/construction on-site; off-site placements in institutional foods, information processing, retail services, office occupations and printing.

Community Liaisons: Primary therapists, with support from clinical staff, responsible for liaison work with the community. Work begins prior to placement. Liaison work continues throughout treatment, supported by the treatment plan, a problem-oriented record which addresses aftercare and includes an individualized transition plan as treatment progresses. This plan implemented by securing a school or vocational placement for the client and required social services. Program Director advocates for the program and for adolescents with emotional disabilities through community training and education and interagency activity.

Parent Involvement: Beginning at intake parents work in partnership with the clinical staff. Parents participate in the assessment phase and quarterly reviews of the treatment plan. Family therapy helps parents learn and carry out at home new ways of dealing with family problems and adolescent behavior. In addition,

parents are surveyed by state Day and Residential Treatment Centers (DART) certification reviewers.

Parents are assessed a maximum monthly charge based on family income and family size.

Aftercare/Follow-up: Resources are first identified during the development of the comprehensive treatment plan, and monitored at regular treatment reviews. These follow-up services are volunteered by ADTC; their costs are not covered by contract dollars nor by parent fees or insurance.

Program Evaluation: Beginning to develop own evaluation component.

Difficulties: Maintenance of service quality dependent on relatively unstable funding sources. To date the program has been able to successfully manage this funding issue. Transition and follow-up phases of treatment have been difficult to negotiate for a variety of reasons.

Plans and Projects: Increase the clarity and precision with which it implements and communicates the treatment it provides.

Reasons for Success: (1) Hardworking staff places the moral and ethical issues of treatment above the fiscal realities; (2) an orientation toward benevolent, precise, matter-of-fact structure to meet developmental needs; (3) teamwork and flexibility; (4) past fiscal support.

Agency: Family Service of Burlington County

Program Name(s): Young Adult Transition Program
Director: Sharon Meles, Program Supervisor
Other Contact:
Street Address: Woodlane Road
City State Zip: Mount Holly, New Jersey 08060
Telephone: (609) 267-5928

Agency Type: Private non-profit

Program Type: Community-based partial hospitalization program

Funding Sources: New Jersey Department of Mental Health and Hospitals (75%); Medicaid (15%); United Way of Burlington County (5%); client fees (5%)

Communities Served: Rural and suburban area

Referral Sources: Department of Human Services; regional mental health partial care programs; county and state hospitals.

Number Clients: 8 in Partial Care; 10 in case management

Client Profile: Males and females (number not available), 17-21 years old. Sixty-five to 70% classified as having schizophrenic or other psychotic disorder; 20% have emotional disorders; 5% have behavioral/conduct disorders; 5% are dually diagnosed as mentally retarded. Youth not prepared for return to community-based living: have only limited basic living skills, minimal career awareness and/or job readiness, unaccepting of their illnesses and require medication monitoring. Caucasian and African-Americans evenly represented; a small number of Latino and very few Asian or Native Americans.

Wait for Admission: None.

Average Stay: 6-12 months

Staffing: 3 full-time. Social work is represented.

Staff/Client Ratio: 1:6

Philosophy/Goals: "As adolescents with mental and emotional handicaps age out of child protective sevices and transition to the adult mental health system, they experience difficulties. Services need to be provided in the community so client will be able to apply learning experience to real life situation." Community-based outreach, advocacy and case management along with individual and group therapeutic approaches.

Services Offered: Community-based case management; skill building (basic life, vocational, job readiness, social); medication management; community awareness; transition to existing adult mental health services.

Intake & Treatment: Program uses own assessment tool to determine level of functioning and natural support systems. Family, school and prior placement staff involved before candidate's release from residential care and/or entry to program. No youth accepted whose handicaps do not interfere with abilities to meet societal expectations and live productively in the community.

Case management focus to link clients and families with existing services within adult mental health system and community. Efforts driven by level or need/impairment in areas of physical functioning, personal care, interpersonal relationships, activities of daily living, work skills, natural support systems and learning capacity and the input from significant others.

Clients are in partial care (2.5 days weekly on-site with case manager plus 2.5 days weekly in their home or school environment) or in case management (2.5 days weekly with case manager in the community plus 2.5 days in other community-based activity--work, school, training).

The case manager works to build a client support network, including adult mental health services.

Education/School: In keeping with community-based approach, no on-site school or classroom exists. Youth attend special education classes in public schools. Home-bound tutorial instruction is being developed for Partial Care youth.

Skills training for independent living, leisure management and interpersonal relationships available on-site and in the community.

Vocation/Employment: Career education part of curriculum and treatment focus. Case managers link clients to vocational training at local vocational/technical schools, and with services of the adult service system to prepare for transition.

Community Liaisons: The case manager functions as the liaison between the client and an individualized network. He/she may begin liaison work prior to intake, visiting the potential client in his/her hospital or other placement. Liaison work provides a continuum of care during the treatment process, working with the family and community agencies to avoid crisis and plan for the client.

The case manager conducts home visits, visits collateral resources, skill builds with the client in the community, advocates for the client with work environments and service agencies, and conducts ongoing assessment to match needs and resources. The Advisory Committee consists of state Department of Human Services employees, private and public provider agencies, and service consumers from the Divisions of Youth and Family Services, Mental Health and Hospitals, and Vocational Rehabilitation.

Parent Involvement: Parents are encouraged to be involved in assessment and treatment plan development. They are encouraged to work with the case manager and group worker to assist the client's skill development and to advocate for him/her. Parents advocate for youth and the program and serve on the advisory committee, which is involved in program planning and policy making. Parent group, family, individual therapy and organized support group available.

Aftercare/Follow-up: The program creates a comprehensive aftercare plan for each client. No client is discharged before links to the adult mental health system have been established for him/her. These links then provide ongoing follow-up.

Program Evaluation: There are regular utilization and quality assurance reviews. Individual treatment plans allow evaluation of measurable goals and objectives.

Difficulties: Practice of deferring diagnoses for adolescents makes it difficult for them to qualify for services like SSI or Medicaid which require a long history of diagnosed mental health problems.

Outreach, home visits, and creative activities with clients are not Medicaid-reimbursable; there is a shortage of appropriate housing in the community.

Plans and Projects: No current plans for change, but need for a residential component has been identified.

Reasons for Success: (1) Community-based approach to intervention and provision of services; (2) willingness to implement and continue services/activities which improve treatment but are not Medicaid-reimbursable.

Agency: Morrison Center for Youth and Family Service

Program Name(s): Adolescent Day Treatment Program
Director: Les Larson, RCSW, Program Director
Other Contact: Orin Bolstad, Ph.D., Executive Director
Street Address: 5205 SE 86th Avenue
City State Zip: Portland, Oregon 97266
Telephone: (503) 771-4437

Agency Type: Private non-profit

Program Type: Day treatment with therapeutic foster care

Funding Sources: State of Oregon (65%); State of Washington (15%); local school districts (15%); private fees, United Way and local counties (5%).

Communities Served: Urban, suburban and rural Multnomah, Washington and Clackamas counties and Washington State.

Referral Sources: State Children's Service Divisions and public school districts

Number Clients: 16-18

Client Profile: Males (100%) 12-18 years old. 100% are adjudicated offenders and documented seriously emotionally disturbed (SED) (PL 94-142). Histories of learning disabilities, delinquency, interpersonal deficits, school behavior problems, and personal physical and/or sexual abuse. About 10% African-American; Native American are about 1%.

Wait for Admission: One month

Average Stay: Nine months (by contract)

Staffing: 9 full-time; 2 part-time; 2 students. Social work, psychology, education and consulting psychiatry.

Staff/Client Ratio: 1:3

Philosophy/Goals: Positive Peer Culture model and integration of treatment and teaching staff help adolescent learn personal responsibility, acquire cognitive skills for decision-making and problem-solving, and undergo a corrective experience concerning offender thought and behavior, including the offense(s) committed. Group treatment for sex offenders is a specialized component.

Services Offered: Outpatient counseling; day treatment; therapeutic foster care; aftercare and follow-up services; training for independent living, leisure time management and interpersonal relationships; employment readiness consultation and job placement.

Intake & Treatment: Parole or probation is contingent on treatment participation. Interviews screen for ownership of adjudicated (and other) offenses and assess risk

for a day treatment setting with community-based foster care. Interviews include homework assignments. The risk assessment serves as baseline for treatment.

ADTP will not accept if risk assessments reveal need for more or less restrictive environments, overtly psychotic or intellectually low-functioning, or no financially responsible agent.

Education/School: Clients participate in special education classes on-site. Clients in transition may attend public or private junior or senior high school or community college. High school diploma/GED credits available.

Vocation/Employment: On-site vocational includes work on kitchen crew and in program office. A Department of Employment consultant offers "employment readiness training". Jobs are supported by the Private Industry Council. Staff also consult with the Employment Division worker.

Community Liaisons: Boys live in the community with natural families or professional foster parents. Foster parents function as part of the treatment team.

Morrison Center has been historically involved in advocacy efforts for children, youth and families and the services they need.

Parent Involvement: Involvement of natural parents is highly variable, but can involve family therapy, group therapy, transition planning and case management, including planning and implementation of treatment programs.

Aftercare/Follow-up: Natural families (40%), CSD foster families (25%), independent apartments (15%), or group homes (10%); 10% enter Job Corps or the military.

Program Evaluation: Extensive program of evaluation for all services. Those interested in the evaluation of the Adolescent Day Treatment Program may contact Orin Bolstad, Ph.D. directly.

Difficulties: Not enough jobs for this age group which promise advancement and/or pay decently. Too few affordable recreational opportunities in the community; more treatment services needed for this age group, but no money.

Plans and Projects: Five-year plan: services aimed at early intervention with this population.

Reasons for Success: (1) Program design is good; (2) staff is compatible; (3) community and professional support.

Agency: Pace School

Program Name(s): Children and Parent Services Program (CAPS)
Director: Barbara Bazron, Ph.D., Executive Director
Other Contact:
Street Address: 200 S. Beatty Street
City State Zip: Pittsburgh, Pennsylvania 15206
Telephone: (412) 441-1111

Agency Type: Private non-profit

Program Type: Partial hospitalization program of an approved private school

Funding Sources: Education and counseling funded 100% by education dollars (80% from the state, 20% from local communities). CAPS component--intensive psychiatric services--is an optional fee-for-service program.

Communities Served: Urban, suburban and rural five-county area

Referral Sources: Local school districts (for both children and parents); local psychiatric hospitals

Number Clients: 170 in the school ; 65 of those are in (CAPS) partial hospitalization program

Client Profile: Males (82%) and females (18%), 6-15 years old. Socially/emotionally disturbed and/or severely learning disabled. Average or above average intelligence, but unable to benefit from a regular educational school program.

Wait for Admission: Rolling enrollment system synchronized with the school year (e.g., at the beginning of a new term.)

Average Stay: Students may transition out after one year, or they may stay from age 6 to age 15, depending on their needs, progress and resources.
Most students stay 2-3 years.

Staffing: 71 full-time; 3 part-time; 25-50 parent association volunteers. Social work, psychology, psychiatry, nursing, education and vocational counseling.

Staff/Client Ratio: 1:3

Philosophy/Goals: Milieu integrates mental health and education. A multi-disciplinary team approach combines systemic, psychodynamic and behavioral methodologies to help children learn to problem-solve in vivo. Primary unit of focus is the environment; chemotherapy (medication) is considered a treatment approach of last resort.

Services Offered: Individual, small group and family therapy in addition to individualized educational planning, academic instruction and prevocational programming; daily group and individual counseling received by all students.

Intake & Treatment: Admissions committee will assess ability to benefit from partial hospitalization program (CAPS), and recommend this program to the referring agent for suitable candidates. Candidates admitted become Pace School students. Parents placing children voluntarily pay for the extra cost of the therapy component of this program. CAPS program not appropriate if youth needs a less restrictive setting (e.g., the less intensive counseling component at Pace, at no cost to parents).

Once admitted to either program, youth's Mental Health Professional presents data to entire treatment team. A detailed treatment plan addresses environmental, educational, family and mental health issues. Child and family have an individualized needs assessment. Parents' financial liability is determined and contract/consent for treatment signed. Treatment plan review every 30 days.

Education/School: Six of 15 classrooms are CAPS classrooms to provide a more intensive mental health component. Nine classrooms provide less intensive counseling. All classrooms: a teacher, an aide and a mental health professional serve 12 children. Five CAPS classrooms serve youth 11-15 years old in groupings tailored to the age and developmental needs of the client. Elementary school education curricula, with program based on Individualized Education Plan (IEP).

Vocation/Employment: Pace offers Prevocational and Real-life Skills Program (PREP). Teaches survival and work-related skills, including activities for daily living, world of work, computer literacy, and industrial arts. Program oriented toward career exploration and realistic experiences on-site. Students in PREP may learn to read blueprints, woodworking, help with food preparation, receive computer training, act as peer tutors/aides in classroom or cafeteria, or work with janitorial or office staff.

Community Liaisons: Staff provide liaison to community, beginning at intake. It is coordinated weekly, monthly and in informal meetings of the treatment team. Focus is planning for client's transition to the community to link community resources with client and program.

Staff have testified at statewide hearings on mental health needs and services and at hearings on special education, and provide in-service trainings in the community.

Parent Involvement: Services of CAPS include parents in group and family therapy, case management services, information/education (e.g., drug awareness), support group and transition planning services for students 15 or older. Pace can link parents with limited community respite services. Parents also involved in IEP process.

Parent perceptions included in an independent research firm's program evaluation. Parents have testified at special education hearings.

Aftercare/Follow-up: Standardized telephone interview of available graduates 6 months and one year after discharge. No special reimbursement for follow-up services received.

Program Evaluation: Independent research evaluation is now occurring. Focus of evaluation on effect of mental health component, skills retention, and academic gains. California Achievement Test and the Achenbach Child Behavior Checklist provides pre- and post-treatment measures.

Difficulties: The mental health services not underwritten by any PL 94-142 legislation are prohibitively expensive for many families. CAPS overhead costs are not underwritten by state.

Plans and Projects: To secure funding for its mental health services, add an in-home service component and establish a respite care program; more space; a demonstration project serving pre-school children.

Reasons for Success: (1) Extremely hard-working staff; (2) comprehensive care blends education and mental health services; (3) exhaustive efforts to engage and support parents.

Agency: Thresholds

Program Name(s): Transitional Vocational Program & Supported Competitive Employment Program for Mentally Ill Young Adults
Director: Judith A. Cook, Ph.D., Project Director
Other Contact: Diane Farrell, Clinical Director
Street Address: 2700 North Lakeview Avenue
City State Zip: Chicago, Illinois 60614
Telephone: (312) 281-3800

Agency Type: Private non-profit

Program Type: Free-standing psychiatric rehabilitation center

Funding Sources: Grants from United States Department of Education, Office of Special Education and Rehabilitation Services. Also funding through Illinois Department of Mental Health and Developmental Disabilities; Illinois Department of Rehabilitation Services; Illinois State Board of Education; client fees and private fundraising.

Communities Served: Urban and suburban Chicago area

Referral Sources: Schools, psychiatric hospitals and psychiatrists

Number Clients: 60 clients (100 yearly)

Client Profile: Males (70%) and females (30%), 17-21 years old. Mentally ill, with incomplete education, increased number of hospitalizations, and/or vocational and coping skill deficits. About 66% are Caucasian, 28% African-American, 5% Latino and 1% Asian.

Wait for Admission: Client's needs and funding available determine wait.

Average Stay: 3 years

Staffing: 16 full-time; 4 part-time; 2 students; 1 volunteer. Social work, psychology and education. 30% of staff are members of racial minorities.

Staff/Client Ratio: Teachers: 1:5; case managers: 1:15

Philosophy/Goals: Mental illness believed to be biochemical. Emphasis on "residual health" of the clients through group membership and experiential programming. Focus: coping with and controlling symptoms. Psychodynamic orientation, integrating nurturance and limit-setting; dedicated to application of latest psychosocial rehabilitation techniques.

Services Offered: Outpatient, day treatment and residential services (group homes and independent and supervised apartments); skills training for independent living, leisure time, interpersonal relationships, workplace behavior and vocation; career education, on-site job supervision and job placement; and secondary school completion.

Intake & Treatment: Intake: (1) thorough review of existing school, hospital and other records; (2) clinical interview with candidate and parents; (3) a trial visit; and (4) a second clinical interview. Assesses candidate's potential to respond to limit-setting and treatment. No formal or standardized testing other than academic testing.

Deny membership if refusal to accept need for treatment in addition to academic or other training; unable to commit to responsibilities of open, unlocked setting; histories of excessive violence; or are primarily substance abusers. Mentally retarded may be excluded if unable to function socially.

Primary agent of change in treatment in the Young Adult Program is peer interaction. Treatment goals: vocational improvement, educational achievement, social growth, independent living and prevention of rehospitalization. Members participate in activities, skill teaching and general problem-solving groups.

Education/School: Thresholds offers a four-track on-site educational program: reading and math skills if below sixth-grade level; high school diploma or GED; college preparatory; and vocational training to provide community-based services to secure jobs for members completing high school/GED or leaving Thresholds.

Vocation/Employment: A gradual, supported transition to competitive employment (ongoing assessment and hands-on experience). Every member assigned to Kitchen Crew, which prepares and serves lunch five days a week.

Transitional Vocational Program includes: a 20-week pre-vocational class; a weekly community experience group applying classroom information to work settings; social skills training; vocational assessment VALPAR-Mesa battery; volunteer placement in a low-stress, non-competitive community setting; trial work day with a community employer; young-adult-only group placement with a community employer (supervised by a Thresholds Job Coach); a workplace group addressing substance abuse; and job club, which teaches job search skills.

The supported competitive employment program includes supported job placement training and maintenance services, and has weekly or monthly job-site contacts with clients. On-the-job education provides specialized instruction to increase compliance with prescribed medication and reduce workplace substance abuse, help client manage psychiatric symptoms and work-related stress, and teach social skills.

Community Liaisons: Caseworkers perform liaison functions to help client with housing, medical attention and employment in the community. The Mobile Job Support worker matches SCE clients with community employers, conducts on-site training, and works alongside client to facilitate his/her entry into workplace. The employer involvement program recruits employers for SCE clients, and provides education/technical assistance for employing the mentally ill.

Parent Involvement: Family participation program involves families of clients in assisting job retention through education and problem-solving; it supports living with a mentally ill family member.

Aftercare/Follow-up: Sliding fee-for-service outpatient counseling and formal evening recreation, socialization and support services available. Well-established drop-in center for graduates. A six-month follow-up of about 25 former clients: about 38% living with families, 38% independent apartments, 12% supervised apartments, and 4% (1 person) hospitalized.

Program Evaluation: Large evaluation component and active research institute. One research project measures self-esteem, coping mastery, and leisure skills. Another project seeks to determine whether peer-only experience in a first work setting provides extra support to mentally ill youth transitioning to work.

Difficulties: Under the tuition-rate system, funding stops when formal education completed, rather than when treatment is complete. Need for supported work or services for competitive employment not considered under this system. Clients may also experience disincentives to work, since SSI benefits are reduced by work income.

Plans and Projects: The Young Adult Program to move into own building. Would like to add a gym for clients' use, expanded and formalized drop-in services, inpatient facilities, and a group home setting targetting substance-abusive mentally ill youth.

Reasons for Success: (1) Comprehensive, community-based program; (2) dedicated staff.

Agency: University Hospital Department of Psychiatry

Program Name(s): Youth Services Program
Director: R.J. MacLeod, M.D., Director
Other Contact:
Street Address: 1324 College Drive
City State Zip: Saskatoon, Saskatchewan, Canada S7N 0W5
Telephone: (306) 966-2627

Agency Type: Public

Program Type: Hospital-based

Funding Sources: Province of Saskatchewan Health and Education Departments (100%)

Communities Served: Urban, suburban and rural Province of Saskatchewan

Referral Sources: Self or family; schools and social agencies; medical system

Number Clients: 350 active clients (those seen within 90 days) on any given day. Other clients are periodic.

Client Profile: Males (50%) and females (50%), 12-19 years old. Typically depressed and suicidal youth, with histories of school, family and conduct problems. Very few are mentally retarded. A large proportion have a dual diagnosis of substance abuse. Majority served are Caucasian; a significant proportion are Native American.

Wait for Admission: 2-3 weeks (Urgent cases can be seen on the same day.)

Average Stay: Varies according to severity of presenting problems. Severely impaired youth stay several months.

Staffing: 27 (including shift nurses); 6 part-time; students and volunteers. Nursing, education, social work, psychology and psychiatry.

Staff/Client Ratio: Primary counselor acts as case manager. (Caseload or staff/youth ratio data unavailable.)

Philosophy/Goals: Developmentally-focused, comprehensive multi-service treatment, using an eclectic approach. Emphasis on after-school and evening groups (skill groups, support groups, therapy groups, information groups, recreation/social skill groups and parents' groups) and skill development. Strong focus on community consultation and liaison. Biopsychosocial framework.

Services Offered: Outpatient counseling (individual, family and group); day treatment; after school-program; seven-day residential care; respite care; foster home care; group home care; consultation to receiving placements and aftercare/follow-up services. The program currently awaits funding for its pilot project on independent apartments.

Intake & Treatment: Intake consists of a complete mental health assessment of the candidate and his/her family. If only family therapy is requested, referral made to another public program. Otherwise, any candidate/family meeting age requirements is accepted.

Education/School: The program functions as a classroom within the community high school. Youth are involved in regular or special education curricula at this facility or may attend other public junior high or high schools or community college. Academic work provides credits towards a high school diploma.

Vocation/Employment: Informal vocational guidance provided.

Community Liaisons: The effort to maintain the youth in the community is an integral part of case management and is stressed throughout treatment. The case manager is responsible for linking people and agencies involved with the youth to facilitate communication, to visit agencies involved, and to host interagency meetings on the youth's behalf. The program has also established an interagency group to advocate for youth programs, and is active in helping establish boards for group homes, school-based programs, teen pregnancy programs, and other youth-focused services.

Parent Involvement: Parents welcome at many of its evening and after-school groups. Groups also offered specifically for parents to provide information and support on parenting teenagers and dealing with substance abuse crises. There is also a parent-run self-help group. Parents of youth participating in the program may also be involved in family therapy, respite care, individual therapy, and the case management and transition planning efforts. Finally, the program is advised by a community advisory committee in which parents may participate.

Aftercare/Follow-up: These services are part of the service package.

Program Evaluation: Formal evaluation projects were underway when staff responded to the survey.

Difficulties: The program is currently limited by space and staff time.

Plans and Projects: Develop more problem-focused treatment components. Need a range of community-based supported living options for kids who cannot return home or are ready to emancipate.

Reasons for Success: (1) The program is comprehensive; (2) accessible; and (3) the perspective and the attitude of staff creates a successful program.

SCHOOL BASED
TRANSITION PROGRAMS

Agency: Area Education Agency #9

Program Name(s): Eastern Avenue School BD Program, Davenport Community School District
Director: Jim Kay, Assistant Director of Special Education
Other Contact: John Bales, Administrator, Eastern Avenue School; Don Tupper, Work Experience Coordinator; Bill Rose, Work Experience Coordinator; Jane Rock, Transition Specialist
Street Address: 1002 West Kimberly Road
City State Zip: Davenport, Iowa 52806
Telephone: (319) 386-0069

Agency Type: Public

Program Type: School-based alternative for behavior disordered (BD) students

Funding Sources: State education dollars (55%); local property tax and other dollars (40%); federal government dollars (5%)

Communities Served: 24 school districts, predominantly urban.

Referral Sources: Public schools within the AEA; state juvenile services and other agencies; state Department of Human Resources

Number Clients: 35 to 45

Client Profile: Males (85%) and females (15%), 13-21 years old, predominantly 15-18 years old. History of academic failure, social maladjustment, delinquency, emotional problems. Majority have been or are on probation. 75% Caucasian, 20% African-American, and 5% Latino.

Wait for Admission: No waiting list

Average Stay: Nine-month school-year program. Minimum of one academic year or continuously from 7th through 12th grades.

Staffing: 8 full-time special education teachers; 8 full-time instructional aides; 1 half-time industrial arts instructor; 1 half-time art instructor. Consulting and support personnel attached to the AEA (social worker, psychologist, parent trainer, transition specialist and work experience coordinator).

Staff/Client Ratio: 2:5 students

Philosophy/Goals: Structured, individually designed educational experience to develop skills in academics, school behavior, and socialization. Focus minimally on negative behavior. Identify and reinforce behaviors appropriate to a less restrictive environment.

Prepares students for next step: regular or special education, graduation, employment, vocational training, or placement in a more restrictive setting. Structured environment to reduce frequency of undesirable behavior and help pupil progress academically and develop positive social behaviors.

Ordinary school routine is followed and daily attendance is required.

Services Offered: Academic instruction; behavioral and social intervention and counseling; career education and awareness; work experience instruction; and transition planning.

Intake & Treatment: Students are identified for BD documentation by local school districts and referred to the Eastern Avenue program. No child with current BD documentation will be turned down. Treatment: behavior management. Students are charted on starting task, working consistently, completing task, being verbally appropriate, and being physically appropriate, with a point percentage figured daily. Individual contracts target behaviors and allow highly individualized reinforcers. Classroom or all-school contracts reinforce teamwork and cooperation.

A student may earn Negative Marks for his/her own specifically targeted, frequent, undesirable behaviors.

Positive marks are given for demonstrating behaviors desirable in a regular school setting, and provide the student access to a variety of primary, secondary, and social reinforcers. Students keep a record of earnings and expenditures in a checkbook register. Time-out provides students a way to regain behavioral or emotional control, refocus on work, and avoid exclusion from school. Time-out may be taken voluntarily by the student or at staff request.

Systematic Exclusion, the most restrictive component, is a student-specific intervention to deal with escalation or refusal to respond to lower-level interventions. Parents must consent to use, are immediately notified when used, and regularly review its use or any modifications. Exclusion lasts one day.

Group counseling with school social worker once or twice a week. Goals: development of self-awareness, problem-solving skills, and supportive peer interaction.

Individual counseling available to any student.

Education/School: Special education classes in alternative setting with individualized attention and small classrooms. Curriculum follows state guidelines. Students may move out before high school graduation to special education placements in home schools, or, after graduation, to vocational/technical schools, community colleges, or work.

Regular or special education in less restrictive settings available for part of school day available.

Students also receive affective education to help set goals, develop a good attitude and acquire positive interaction skill in social situations.

Vocation/Employment: The vocational curriculum: assesses student interests, strengths and limitations; explores different occupational areas (e.g., woodworking, welding, construction, agri-business, health, communication and media); and teaches social skills for job acquisition and retention. Supervised non-paid work experiences available.

Career education and work experience components written into the IEP. Work Experience Coordinator provides help finding jobs with local businesses and supports and gives feedback to both the employer and student. Consults a rural special needs program which provides BD and other students placement for one semester in a local business.

Community Liaisons: Work Experience Coordinator serves as a liaison between students and local businesses and employers. Recruits employers to hire students,

provides problem-solving support to the student and his/her employer through job-site contacts and supervision.

The Transition Specialist connects the graduate with services in the adult system. The Transition Specialist helps plan for the needs of graduating student and works with appropriate agencies to refer or connect the student to services.

Relationships maintained with community-based Transition Advisory Board, Independent Living Center, the Assocation for the Mentally Ill (AMI) and other community resources.

Parent Involvement: Parents involved in development and monitoring of entire educational program through the IEP process. May use services of any one of the AEA support personnel.

Parent coordinators and parents are involved in the needs assessment done by each AEA. Missisippi Bend AEA published a parents' handbook on transition which includes parental needs assessment, transition-plan components, sample social skills and guides to state-level resources for transition, advocacy and support groups.

Aftercare/Follow-up: Graduates no longer eligible for services. Aftercare and follow-up becomes by design the responsibility of the adult service system.

Program Evaluation: None

Difficulties: Need more supervised work sites, more supportive counseling services, and follow-up outreach for teens and young adults.

Plans and Projects: To expand transitional services, especially in job placements. Receipt of grants from the state of Illinois to adopt supervised work programs.

Reasons for Success: (1) Alternative setting allows a smaller peer group, and individual attention; (2) The flexibility of the staff and provision of support services allows scheduling and programming creativity.

Agency: Burlington Public Schools

Program Name(s): ONTOP
Director: Michael S. Klein, Ph.D., Director
Other Contact:
Street Address: Taft School; 14 South Williams Street
City State Zip: Burlington, Vermont 05401
Telephone: (802) 864-8496

Agency Type: Public

Program Type: School-based

Funding Sources: Federal government (PL 94-142) (55%); State of Vermont (40%); foundation grants (5%)

Communities Served: Urban, suburban and rural Burlington area

Referral Sources: State departments of Mental Health, Education and Social and Rehabilitative Services (SRS); regional special education coordinators

Number Clients: 30

Client Profile: Males (75%) and females (25%), 14-19 years old. Youth exhibit internalizing problems (sexually abused, suicidal, withdrawn) or externalizing problems (aggressive, steals). Most have failed in several other treatment settings. Ninety-five percent are Caucasian; 5% are Vietnamese adopted by Caucasian families.

Wait for Admission: No waiting list

Average Stay: Until junior high or high school completion; 2 years.

Staffing: 18 full-time; 2 part-time. Education, psychology and vocational counseling.

Staff/Client Ratio: 2:3 (2:5 in classroom)

Philosophy/Goals: To help students complete high school and prepare for independent community living. Treatment based on positive relationships, successful experiences, individually designed programming, student involvement in programming, feedback and clear expectations and consequences. Systems/ecological approach. Family members/significant adults and agencies involved in treatment process to greatest possible extent.

Services Offered: Six-component program of academic instruction, behavior management, environmental management (biweekly home-school conferences inclusive of parents and social worker), vocational education and experience, affective education (self-esteem enhancement, social and problem-solving skill training, outdoor and wilderness experiences, and instruction for life skills), and individual, goal-directed counseling.

Intake & Treatment: Interagency agreement with Northeastern Family Institute (NFI) to provide special education services to youth who have serious emotional disturbances in their residential, family and individual treatment. Local agencies of state departments make referrals to NFI through the Central Review Committee. Candidates screened by NFI intake team, (includes a consulting teacher from ONTOP).

Regional special education coordinators or SRS workers also refer directly.

Informal referral to ONTOP intake coordinator is followed by a formal response to written request for documentation of serious emotional disturbance. Screening meeting with SRS and special education representatives, parents and (where appropriate) the candidate.

If accepted, a temporary IEP and plan are approved by the student, SRS and special education representatives, and parents/surrogate parents. No applicants accepted for whom program not the least restrictive alternative, for whom there are no residential or aftercare resources (e.g., street kids), and for whom alcohol and drug addiction is a severe problem.

ONTOP A: 13-16 years old. Three separate groups based on behavior problems, academic deficits and vocational deficits. Specialized affective and behavioral component. Students move into public school special education or regular classroom, or into ONTOP B program.

ONTOP B: 15 or older. Work towards a high school diploma or GED. Morning in structured class settings (academics, job skills, independent living skills.) Afternoon involves vocational experiences on- or off-campus.

ONTOP C/NFI: those in residential program of the Northeast Family Institute. Provides short-term assessment and stabilization to students transitioning to A or B, or less restrictive educational/vocational setting.

Education/School: Individualized instruction in learning center and small group settings. Classes follow public school curriculum, designed to promote successful learning and remediate identified academic deficits. Also weekly independent living skills training from a community-based program counselor, and affective education in the classroom.

Vocation/Employment: Vocational program: work experience programs and classwork on career interests and employability. Hands-on work in school-based shops and small community-based profit-making businesses, on-the-job training and independent community-based employment. Program tailors student's vocational experience to his/her interests. Opportunities available off-site are information processing, automotive, retail services, office occupations and printing.

Community Liaisons: Liaison work is a central feature of individual treatment. Case management begins at intake, and continues with biweekly home conferences to support the client network.

Parent Involvement: Youth referred directly by SRS are typically in custody and care of the state. Parent involvement is encouraged but rare. SRS worker and other significant adults (foster or surrogate parents, residential staff) involved in treatment planning and biweekly home-school conferences. Professional parents also involved for youth residing in Northeast Family Institute professional parent homes. All caregivers participate in annual program evaluation; have also been involved in advocacy efforts on behalf of the program.

Aftercare/Follow-up: No formal service. Some services through an informal partnership with Spectrum, a community-based independent living program (supervised apartment). Other students served through a grant for community-based supported employment. In 1986-87, 20 of 36 students served were placed in supported community employment, and 7 obtained unsubsidized competitive employment.

Program Evaluation: Parents/caregivers, SRS and special education representatives complete consumer evaluation. In 1986-87: over 90% of 42 respondents rated the relationships between program staff and students as exceptional. Eighty-two percent equally pleased with relationships with program staff. Best features: program staff-to-student relationships; realistic expectations for students; program structure and design; and teamwork and interagency communication. Want to increase program capacity, increase resources for transitioning students to mainstream education and/or independent living services; and increase resources for vocational options.

Students also participate in evaluation of program. Favorite: the staff, staff advocate model, and reinforcement programs.

Difficulties: Population lacks services for youth transitioning into adulthood. If services exist, focus on mentally retarded or chronically mentally ill and do not address problems/abilities of emotionally disturbed youth.

Plans and Projects: To increase the aftercare and follow-up. Need more on-the-job exposure and supported employment. To develop a program of outreach and consultation aimed at community-based intervention and avoiding out-of-community placement. Staff are very interested in hearing from other programs or professionals interested or working in this area.

Reasons for Success: (1) Staff is professional and dedicated; (2) dedication to goal-setting and well-organized planning; (3) community support; and (4) partnerships with other services which establish a continuum of care.

Agency: Centennial School/Lehigh University

Program Name(s): Diversified Occupation Program; Academic/Vocational Transition Program; Community Training/Life Skills Program
Director: Fred W. West, Director
Other Contact: Gina Scala, Secondary Supervisor
Street Address: 815 Pennsylvania Avenue
City State Zip: Bethlehem, Pennsylvania 18018
Telephone: (215) 861-0700

Agency Type: Private non-profit

Program Type: School-based day treatment mental health center

Funding Sources: Pennsylvania Departments of Education (60%) and Public Welfare (9.5%); referring school districts (25%); federal Chapter One (5.8%)

Communities Served: Rural and suburban Eastern Pennsylvania

Referral Sources: Predominantly local school districts; Department of Public Welfare and parents may initiate school-district referral.

Number Clients: Diversified Occupational Program: 10-24. Academic/Vocational Transition Program: unlimited. Community Training Program: 10-12

Client Profile: Children who are seriously emotionally disturbed ages 6-21. Transition Programs: males (88%) and females (12%). Diversified Occupation Program: grades 11 and 12. Academic Mainstreaming Program: grades 1-12. Community Training/Life Skills Program: kindergarten-12th grade. Majority of students involved in transition programs are secondary students in grades 9-12. Eighty percent labeled behavioral/conduct disorders, 3% schizophrenic or psychotic disorders, and 17% autistic-like disorders; verbally and physically aggressive in school, and pre-delinquent, truant or runaway in the community. 80% in transition programs are Caucasian.

Wait for Admission: Centennial has waiting list: None for transition programs.

Average Stay: 2 years

Staffing: 53 full-time and 3 part-time program-wide; 6 full-time for transition programs. Social work and psychology.

Staff/Client Ratio: 1:5 in the classrooms.

Philosophy/Goals: Centennial School, the laboratory school for Lehigh University, operated under the Re-Education model since 1980. Ecologically oriented. Children's problems stem from inability to respond to the demands of their environments. Staff help the child improve his/her skills in home, school and community environments. Staff work with significant people in each environment to help match expectations with child's skills.

Services Offered: Outpatient counseling; day treatment; state-approved regular, special education and vocational/technical curricula; career education, off-site vocational training, and job-site supervision; aftercare and follow-up.

Intake & Treatment: School district referral: initiates extensive ecological assessment of home, school and community environments (including Achenbach Checklists). Comprehensive picture of history and all levels of current functioning. Parents, child and referring representative visit and interview. Psychiatric and psychological assessments, and academic and behavioral assessments. No students accepted with primary problem as substance abuse or truancy, nor does it accept students not documented SED.

Each student: Individual Education Plan (IEP) and mental health plan, generated by liaison worker, referring representative, parents and any significant others. Individual Treatment Plan (ITP) reviewed every 20 school days. Centennial uses point and level systems. Transition Programs: use of these artificial systems faded over time, focus is on the privileges and responsibilities associated with behavior.

Group process incorporated into its behavior management system, recognizing power of social reinforcement from peers.

Education/School: Diversified Occupational Program: one half-day in community-based regular, special education or vocational/technical competitive employment setting. Academic/Vocational Transition Program: supported part- to full-time placement in a least-restrictive public regular, special education or voational/ technical setting. Community Training Life Skills Program: on-site regular, special education or vocational/ technical experiences. Token economy. Youth 13-21 in Level III of the program focus on behaviors which will increase independent functioning in vocational settings (money skills, calculator skills, woodworking, using transportation, doing laundry).

Vocation/Employment: Diversified Occupational Program: five days per week, with regular on-the-job supervision. Transition students in off-site vocational/ technical school: large number of curricula including foods, automotive, office operations, information processing, health assistance and printing.

Community Liaisons: 7 social workers act as liaison workers and case managers for 24 students each, five of whom may be in Transition Programs. Liaison begins at time of referral, interviewing, observing and gathering data in the sending school and the home. Liaison activity throughout treatment main source of data for planning transition. Supports student in transition placement with on-site supervision and consultation to receiving placements and provides regular check-ups with aftercare plan.

Parent Involvement: Staff work to get parents involved and to help parents solve problems. Parents involved in developing treatment plans for both special education and mental health needs. Parent approval necessary for implementation. Parents frequently identify options not considered by other team members. Parent training teaches how to manage behavior.

Organized parent support groups: Liaison workers can make referrals to community-based resources for group or individual therapy. Parent advisory group exists, also lobbying by parents. Current evaluation project measures parents' satisfaction.

Aftercare/Follow-up: Liaison worker at regular intervals checks up on the adolescent regarding ecological plan goals.

Program Evaluation: Beginning a large evaluation project jointly with two other Pennsylvania Re-Ed. programs to test social validity of treatment model. Features are client/parent/consumer satisfaction measures. Lehigh University faculty involved in generating a now-funded proposal to expand services in the transition programs.

Difficulties: More students need services; more money is needed to provide them. School districts resource-starved: few placement options for SED kids who need support and intermediate level structure. Not enough good options for kids completing treatment but cannot live with family. Need more affordable independent living or supervised living options.

Plans and Projects: To serve more students in transition programs, to hire more staff and to serve 25-30 more students.

Reasons for Success: (1) Enthusiastic initiative-taking staff; (2) re-education philosophy; (3) behavioral focus and strategies; and (4) availability of job sites.

Agency: Chippewa County Department of Social Services

Program Name(s): Adolescent Community Experience (A.C.E.)
Director: Mary Ann King, ACSW, Supervisor, Chippewa County Department of Social Services
Other Contact: Ms. Chris Benedict, Program Coordinator/Group Therapist
Street Address: 2833 County Trunk I
City State Zip: Chippewa Falls, Wisconsin 54729
Telephone: (715) 723-2258

Agency Type: Public

Program Type: Community support program of a mental health center

Funding Sources: Chippewa County (100%)

Communities Served: Chippewa County (rural areas, small towns)

Referral Sources: Public school personnel; Department of Social Services; private practitioners and agencies.

Number Clients: 8

Client Profile: Males (60%) and females (40%), 13-18 years old. Residents of Chippewa County attending local schools. Documented emotionally disturbed (ED) according to PL 94-142. At risk for residential placement outside community because of deficits in social skills and problem-solving skills, and inappropriate behavior at home, in school and/or in community. About 25% are victims of sexual abuse. About 10% show symptoms of schizophrenic or other psychotic disorders. One hundred percent are Caucasian.

Wait for Admission: None

Average Stay: 8 continuous months during school year; up to 5 school years (through completion of high school).

Staffing: 0 full-time; 3 part-time; 1 student. Social work, psychology, recreation,

Staff/Client Ratio: 1:5

Philosophy/Goals: Modeled after community support programs for the mentally ill, ACE is "program without walls." Transition back to the community from residential placement is extremely difficult. ACE intervenes on youth's behalf within the community. The program's commitment is to the most severely disturbed adolescent. Therapeutic intervention based on case management, service coordination, group therapy, skill acquisition and biochemical etiology.

Services Offered: Group therapy, recreational therapy and skill training for community living. Case management by Department of Social Services can coordinate respite care, foster care and aftercare/follow-up services.

Intake & Treatment: Intake considers duration of ED diagnosis, social history, scaled ratings of community behaviors, and needs as assessed by parent(s), adolescent, referring agent and collateral sources. Intake plan coordinates services for the family, provides therapeutic programming and avoids residential placement.

Treatment: weekly participation in group therapy, recreational therapy, and community-based skill training for independence. Youth participate in as many components as needed, according to individual treatment plan. Group therapy occurs at mental health center of Chippewa County, recreational therapy occurs in the community and local YMCA, and skills training provides individual and group community-based exposure and practice.

Youth may also work individually with social workers, probation officers, therapists or other service providers.

Education/School: Youth continue in special education placements in home schools during participation in ACE.

Vocation/Employment: Youth may participate in a public school vocational program. Recreational therapy opportunities: volunteer in programs of the YMCA (day care, laundry services, kitchen). Group therapy includes some pre-vocational training (discussion of career options and individual interests/skills). Department of Social Services case management links graduating youths with adult public vocational programs.

Community Liaisons: County's funding of this program represents community's commitment to its youth with emotional disabilities. The program works with home schools, the local Department of Social Services, the local mental health center and the local YMCA. It also uses the community itself as the site for skill training for independence.

The program coordinator provides outreach to schools, mental health providers and agencies which serve adolescents.

Social services caseworkers link youth and families with services in child-serving system during treatment and in adult service system for aftercare.

Parent Involvement: Family included in the initial assessment and in the review of ongoing treatment. Parents give written permission for adolescent to participate in program. They receive copy of treatment plan, calendar of weekly plans, monthly home visits and attend regular and ad hoc meetings with staff. Families receive information and education, transition planning and case management services. Case management links families with other department services within the community.

Aftercare/Follow-up: No aftercare or follow-up. Services are provided by Department of Social Services. One hundred percent of ACE clients have remained with the natural or foster family with which they lived at referral.

Program Evaluation: The program has collected data from a parent evaluation form.

Difficulties: No state reimburseent for community-based intervention. ACE has no ongoing budget. Collaboration on IEP between Departments of Mental Health and Public Instruction often difficult. Expectations and services vary greatly

among school districts. Rural area transportation to and from the program is a problem.

Plans and Projects: ACE hopes to expand to serve clients under 13, hire more staff, and clarify and refine an adolescent community support model different from the adult model.

Reasons for Success: (1) County supports expensive services non-reimbursable by state; (2) community support model.

Agency: City Lights

Program Name(s): Workplace
Director: Bert L'Homme, M.Ed., Executive Director
Other Contact:
Street Address: 7 New York Avenue, NE
City State Zip: Washington, DC 20002
Telephone: (202) 682-0810

Agency Type: Private non-profit

Program Type: Year-round school-based day treatment

Funding Sources: District of Columbia (50%); federal government (40%); foundations (10%).

Communities Served: Urban District of Columbia

Referral Sources: Rehabilitation Services Administration; Commission on Social Services; Superior Court of the District of Columbia.

Number Clients: 60

Client Profile: Males (80%) and females (20%), 16-21 years old, manifesting severe behavioral and/or academic problems; history of delinquency, school failure and substance abuse. One hundred percent of students are African-American.

Wait for Admission: No waiting list

Average Stay: 18 months

Staffing: 6 full-time. Social work, psychology, substance abuse treatment, special education and vocational counseling. Staff is 90% African-American.

Staff/Client Ratio: 1:3

Philosophy/Goals: Ecological perspective: problems are outside the child. Program offers a second chance at succeeding in school through a variety of non-traditional techniques. Goal: to increase competence and confidence of youth, and assist efforts from dependence to independence.

Services Offered: Intensive family work; case management; remedial education; vocational counseling and training; job placement; psychotherapy, substance abuse treatment and counseling, family therapy and family support groups.

Intake & Treatment: Intake: academic assessment, review of clinical history, and a clinical interview with candidate. Candidates' aptitudes for independent living and employment are rated. Youth who are mentally retarded, acutely psychotic, or in the acute phase of substance abuse are not accepted to City Lights. Treatment combines psychoeducational approaches to remediate academic and emotional deficits, comprehensive community-based treatment to prevent residential placement, and individual, family and group therapy. Clients are assessed every 6

months throughout treatment and follow-up using the Vocational Independence Scale developed by City Lights as well as a variety of other instruments.

Education/School: City Lights' students have available to them special education classes on-site and vocational/technical school and community college classes off-site. GED and vocational/technical credits are available.

Vocation/Employment: Off-site vocational training includes preparation for work in institutional foods, information processing, automotive mechanics, retail services, office occupations, printing, construction, maintenance, and hotel/motel services. Vocational training is an integral part of the program.

Community Liaisons: The program focuses on an ecological perspective, intensive case management and service brokering. It has many formal and informal linkages to community-based services and resources, including alcohol/drug treatment resources, job training resources, and community employers.

Parent Involvement: Parents can be involved from intake in any of an array of services which include family therapy, support groups, treatment and transition planning, and case management. Parents are considered part of the adolescent's treatment team. Parents may also be involved with the Project Advisory Group, which advises program planning.

Aftercare/Follow-up: Clients are followed up every 6 months for 18 months post-discharge, using the Vocational Independence Scale. There are no formal aftercare services, but case management and service brokering efforts include referrals to community-based resources post-discharge. About 25% of former clients remain with families, 5% with foster families, 35% live in independent apartments, and 35% live in supervised apartments of other programs.

Program Evaluation: City Lights has a formal evaluation component.

Difficulties: Not enough affordable decent housing for clients. City Lights has money for supervised apartments but no community support.

Plans and Projects: To develop an in-house pre-employment training program.

Reasons for Success: (1) Intensive case management component; (2) community relationships allow service brokering on behalf of clients.

Agency: Clarion County Area Vocational/Technical School

Program Name(s): Special Needs Support Program
Director: H. Robert Bickerstaff, Director
Other Contact: Donna L. Bish, Special Needs Coordinator
Street Address: RD #2, Route 66
City State Zip: Shippenville, Pennsylvania 16254
Telephone: (814) 226-4391

Agency Type: Public

Program Type: Free-standing vocational/technical school

Funding Sources: Federal Perkins Act dollars (50%) matched by state funds (75% of match) and county funds (25% of match)

Communities Served: A seven-district county of rural areas and small towns

Referral Sources: Local public school guidance counselors and special education personnel.

Number Clients: Service component: 68 special education students and 75 disadvantaged students per school year. Evaluation component: 156 students per schoolyear.

Client Profile: Males (80%) and females (20%), 14-21 years old. Identified as "handicapped" (PL 94-142), or "disadvantaged" culturally, economically or academically. Live at home. Ninety-nine percent are Caucasian; one percent are Korean.

Wait for Admission: None for evaluation. Up to one school year for service component.

Average Stay: 3 years (from 10th through 12th grades)

Staffing: 2 (4 part-time)

Staff/Client Ratio: 1:25 in workshop sessions

Philosophy/Goals: To help special needs students achieve employability through successful completion of a program of vocational education. Five goals: to assess, place and evaluate the student in vocational programs; to modify or adapt curricula and/or equipment to meet the student's needs; to facilitate successful adaptation to the least restrictive environment; to provide inservice training on vocational education for special needs students; and to cooperate with outside agencies, community-based organizations and other vocational training programs.

Services Offered: One half-day academic program in home school plus one half-day in a workshop of the vocational/technical school; linkage to vocational rehabilitation, mental health, job placement and job training programs.

Intake & Treatment: At the start of ninth grade, guidance counselors furnish names of all students who may qualify as handicapped or disadvantaged.

Assessments are done at the home schools. These include interest inventories, psychological and educational testing, and a one-to-one interview with program staff. Inventories and interview help staff plan further assessment at the vocational/technical school. Student provides a work sample in any of eleven occupational areas. For SED students, all data reviewed with district representatives to determine the student's vocational program. Recommendation may be for a Special Needs Support Program workshop, for a prevocational program special education curriculum, or for referral to a more restrictive state vocational program.

Treatment involves three distinct staff activities: student services coordinator provides professional guidance to the student according to his/her individual plan; special needs coordinator supervises the overall program; and special needs paraprofessionals provide direct tutorial support to students in the workshops.

Staff in all three areas are guided by the five goals of the program. Objectives are identified in the first three goal areas for the student, and require work completion and skill demonstration before he or she can move on to a higher level of work.

Education/School: Involved in regular or special education curricula. Academic work earns credit towards high school diploma. Students failing academically must withdraw from vocational training to concentrate on academic work.

Vocation/Employment: Nine workshops at the vocational/technical school. The workshop placement is tailored to their interests. Auto mechanics, construction, cosmetology, diesel mechanics, food services, health occupations, welding and marketing offered. Paraprofessional staff and vocational instructors provide instruction to no more than 25 students per session.

Community Liaisons: The Special Needs Coordinator identifies related services needed to support the program and works with local Offices of Vocational Rehabilitation and other local services (e.g., Goodwill) to provide coordinated services and follow-up. The paraprofessionals in the workshops are from local community with many years' experience in the field.

Community businesses have supported the program with paid internships for seniors. Students earn wages, course credit and grades. Some business owners prefer program students as employees because they have learned certain basic skills/trade.

The program is supported by a community-wide advocacy effort which includes legislative testimony, conferences, inservices and presentations; and activities as members of the Pennsylvania chapter of the National Association of Vocational Education Special Needs Personnel (NAVESNP).

Parent Involvement: Parents must consent to student participation in the work sample evaluation or the Special Needs Support Program. Parents of students receiving special education services are also involved through the IEP process. Parents may also be involved in the Parent Education Network, with which the program has informal ties.

Aftercare/Follow-up: Transition services to an adult service agency are part of the program services. Follow-up survey of graduates conducted annually. However, formal aftercare and follow-up services become the responsibility of the adult service agency to which the graduate is linked. One part of this process of linkage includes early identification by the Office of Vocational Rehabilitation, coordinated by program staff. This effort allows students to be processed for eligibility before graduation, making the transition process more continuous.

Program Evaluation: No formal evaluation component. Annual survey of graduates measures employment status and involvement in post-secondary education/training, including brief satisfaction questionnaire. Recent follow-up results (91% response rate) indicate 90% of respondents employed. Further information on evaluation and follow-up can be obtained by contacting the Special Needs Coordinator for the program.

This program won Exemplary Program status from the Vocational Studies Center at the University of Wisconsin. Judged among the top 20 vocational programs in U.S. regarding delivery of services meeting Perkins Act mandates.

Difficulties: Several million additional Perkins Act dollars available but inaccessible because of difficulty in raising local matching funds.

Plans and Projects: To hire two additional paraprofessionals for 1988-89 school year; to improve the assessment tools used.

Reasons for Success: (1) Strong administrative support has allowed program a free hand in developing services; (2) one-to-one training provided by paraprofessionals invaluable to students.

Agency: Davis County School District

Program Name(s): Davis Learning Center
Director: Mary Ann Williams, Director of Special Education
Other Contact: David Turner, Director of the Learning Center
Street Address: 20 North Main Street
City State Zip: Farmington, Utah 84205
Telephone: (801) 451-1169

Agency Type: Public

Program Type: Academic and vocational day treatment

Funding Sources: State of Utah (60%); Federal (PL 94-142) (40%)

Communities Served: Predominantly suburbs and small towns.

Referral Sources: Public schools; residential programs; private hospitals; courts

Number Clients: 70-76

Client Profile: Males (75%) and females (25%), 11-19 years old. Documented as "Severely Behaviorally Handicapped"; history of acting out or depressed, withdrawn behaviors, and school failure. Ninety-nine percent are Caucasian, 1% African-American.

Wait for Admission: None

Average Stay: 9-10 months

Staffing: 16 full-time; 4 part-time. Education and psychology.

Staff/Client Ratio: 1:6

Philosophy/Goals: "To facilitate student achievement toward positive life goals with emphasis on improving self-image, problem-solving skills, and academic and vocational achievement." Five-level team system in which student must meet specified team goals in academic, behavioral and social areas. Team membership has specific privileges and responsibilities, progressing to more difficult goal-achievement and privileges over time.

Services Offered: Designed to transition youth into vocational training or to less restrictive public school placement. Skills training for independent living, leisure time management, and interpersonal relationships. Career education, vocational training, job placement, job-site supervision, and vocational tutoring.

Intake & Treatment: A candidate is referred to District Placement Committee. The Committee makes a recommendation to either the Area Resource Team to assist existing placement in keeping the student in least restrictive environment, or to the Davis Learning Center. Davis staff conduct a multidisciplinary review of the student's record, meet with representatives of the referring agent and with the placement, and meet with the parents and child to develop the Individualized

Education Plan (IEP). All students referred by the District Placement Committee are accepted.

Education/School: Special education classes for credit on-site. Students earn a regular high school diploma. Students in transition or on advanced team may be in public special or regular education at community junior high/high schools, vocational training at community work site or vocational/technical school. Credit offered toward diploma for work-site and vocational/technical school activity.

Vocation/Employment: Career education and vocational training on- and off-site (metals, carpentry, welding, plastics and leather). Off-site also include institutional foods, information/word processing and automotive mechanics. Free Enterprise Program run by the center involves students in the horticulture and marketing of plants from the campus greenhouse. Center staff includes a vocational tutor, available on the job or at the vocational training school. Students twelve or older involved in vocational training. (Students who are eligible for Perkins rehabilitation funds are paid for having a job at the Center.)

Community Liaisons: Director of Special Education and Director of the Learning Center involved in advocacy community efforts on behalf of students' needs for employment and training. Staff begin liaison work with receiving community when student demonstrates readiness to return to community. Weekly student progress and remedial needs for transition are monitored.

Parent Involvement: Parents involved in development of the IEP, including child's transition plan back to public school, to vocational training or work. Parents offered crisis-support group, a Parents' Information and Resource Center, and individual therapy. Parents also involved in 1985 needs assessment which convinced the school district to provide vocational services for the first time.

Aftercare/Follow-up: The teacher, vocational transition staff and the school district set up an aftercare plan and placement. Students moving into an academic placement are followed by the teacher for a minimum of one academic quarter; those moving into vocational training are followed for the duration of their training. Services are part of the regular service package. On discharge, about 85% of youth live with natural families, 12% with original foster families, 2% with original adoptive families, and 1% in group homes. Supervised apartment living is not available.

Program Evaluation: No formal evaluation.

Difficulties: Too few job placement and training options in the community.

Plans and Projects: Broaden vocational component to better serve older kids (majority of students referred).

Reasons for Success: (1) Adequate funding (due to the state's willingness to reimburse the program for services based on intensity and amount); (2) very caring staff; and (3) team philosophy and orientation toward children.

Agency: DeKalb Rockdale Psychoeducational Program

Program Name(s): Sexton Woods Center
Director: Linda DeMarlo, Director
Other Contact:
Street Address: 3601 Sexton Woods Drive
City State Zip: Chamblee, Georgia 30341
Telephone: (404) 455-3916

Agency Type: Component of statewide public psychoeducational network

Program Type: Center-based

Funding Sources: State of Georgia Department of Education (85%); local and federal education dollars (15%)

Communities Served: Urban, suburban and rural two-county area

Referral Sources: Schools, psychiatric hospitals and parents

Number Clients: 100 at Sexton Woods Center; 16 outpost classes within regular school; 11 Occupational Educational Centers.

Client Profile: Males (88%) and females (12%). Serve youngsters with severe emotional disturbances: major thought disorders, pervasive developmental disorders, acting out aggressive problems and withdrawal. About 35% are African-American, five Asian students served this year.

Wait for Admission: No waiting list.

Average Stay: 2-3 years (until ready for a less restrictive environment)

Staffing: 47 full-time; 3 part-time. Psychology and education.

Staff/Client Ratio: 1:2

Philosophy/Goals: Opportunities to effect therapeutic change occur in the classroom and throughout the school milieu. Sexton Woods brings together teachers and clinicians to work as a team.

Psychoeducational model sees change as product of learning how to relate to adults and peers; psychodynamically based, relationship-oriented and highly interactive. Problems are seen as multidetermined, the product of interaction between aspects of personal history and personal vulnerability (including genetic and biological factors).

Services Offered: Academic program for students whose goal is to reenter community high school, and a prevocational program which prepares students for full vocational training. Counseling, day treatment and one year of follow-up are part of the program.

Intake & Treatment: The candidate must be failing in most restrictive education placement in his/her home community. The psychoeducational team observes

candidates in their current placements, and reviews all past placements and interventions. The team makes a recommendation for: a) consulting services from the psychoeducational team to the current placement; b) a placement less restrictive than Sexton Woods; or c) placement at Sexton Woods.

Intake at Sexton Woods involves a family intake meeting, social history, psychological and projective testing. An eligibility meeting is then conducted to determine if student qualifies as SED (Seriously Emotionally Disturbed). SED students able to function in less restrictive settings are not accepted. If qualified, parents and program staff work to develop IEP.

A due process hearing may follow if parents and special education personnel cannot agree on a suitable placement. SED students who are able to function in less restrictive options not accepted. Most have average or above average IQ. However, no IQ restrictions.

Education/School: On-site regular for-credit classes for high school students. Students range in age 3-21. There are 4 components: child program, middle school program, adolescent academic program and the pre-vocational program. 6-8 students in each classroom, with mix of presenting problems. Academic classes include math, English, biology, and sociology and other required and elective courses. Pre-vocational component includes horticulture, basic carpentry, home living, career development and community skills. Off-site classes in special education, vocational/technical and community college also available.

Vocation/Employment: Focus is pre-vocational, to prepare appropriate students to move into full-fledged vocational programs. Exposure to career education and vocational training activities is started early in the program.

Community Liaisons: Large geographic catchment area. From the initial referral, program staff do extensive interagency liaison work. Two staff members act as Center liaisons at initial referral phase. Clinical staff make frequent and consistent contact with all agencies involved with the student. Program has many formal and informal linkages with both the youth and adult service system.

Parent Involvement: "Parents are encouraged to become involved in work with their children by: observing child at school, attending conferences about child, participating in clinical services (parent groups, etc.) and attending evening programs at Sexton Woods."

Most parents involved in part of planning and follow-through of child's case plan. Parents also offered individual, family and group therapy; organized support groups; information and education, case management and transition planning. Some families have successfully advocated for additional program components.

Aftercare/Follow-up: State psychoeducational guidelines mandate one year of follow-up.

Program Evaluation: Program evaluated by state and federal bodies monitoring Public Law 94-142.

Difficulties: Very few long-term options for SED youth. Resources dry up when student reaches age 18.

Plans and Projects: Currently evaluating the next program phase(s).

Reasons for Success: (1) Team approach integrates clinical and educational approaches, cross-training, and daily debriefings; (2) school system's support for the program's identity as a mental health facility/ provider; and (3) commitment to special education allows creativity on behalf of students.

Agency: Frederick County Board of Education and Frederick County Job Training Agency

Program Name(s): Frederick County Vocational Support Service Team (VSST)
Director: Ronald D. Hoyman, Vocational Evaluator/VSST Coordinator
Other Contact: Louis R. Sacchetti, Special Education Instructor Coordinator
Street Address: 7922 Opossumtown Pike
City State Zip: Frederick, Maryland 21701
Telephone: (301) 694-1659

Agency Type: Public

Program Type: School-based with free-standing vocational/technical center

Funding Sources: Frederick County (58%); State of Maryland (PL 94-142) (42%)

Communities Served: Frederick County (urban, suburban and rural)

Referral Sources: Middle school or high school special education teachers and counselors; school-based and county Administrative Review and Dismissal teams (ARDs); special education coordinators and school psychologists from county alternative schools.

Number Clients: 50 per day for direct services, not evaluation; 450 per year.

Client Profile: Males (75%) and females (25%), 11-21. High-risk students with poor reading, math, learning and social skills, identified as needing alternative education, instructional assistance, and one-to-one or small-group support to succeed in traditional academic or vocational classrooms. Eighty percent are Caucasian; 14% African-American; 3% Asian; 2% Latino and 1% Native American.

Wait for Admission: No wait for services once evaluation is complete. Offer a 2-6 week wait for evaluation.

Average Stay: 2 years

Staffing: 3 professional, 5 instructional full-time; 3 part-time instructional; special education, vocational education and vocational counseling.

Staff/Client Ratio: 11 staff serve about 450 students each year. During instruction, ratio is 1:5 or better.

Philosophy/Goals: A unique, multiphase program designed to provide special needs students with educational assistance and job preparatory skills necessary to successfully complete vocational training in preparation for the world of work. Through career and vocational evaluation services, individualized and small-group instruction, job preparatory services and equity enrollment opportunities, students in grades 8-12 are provided training and transition skills.

Program fulfills eight Perkins Act mandates applying to special education students: notification; assessment; special services; guidance, counseling and career development; counseling for transition; equal access; least restrictive environment; and vocational education/special education coordination.

Services Offered: Orientation to Vocational Center is offered to all eighth-grade special education students. Vocational Career Workshops are for all ninth-grade special education students. Vocational evaluations provided to identified students in grades 8-12. Selection of vocational training area is offered at secondary level. Work/study job placements for seniors offered through high school and vocational/technical center. Transition skill training and summer job placements provided in conjunction with Job Training Agency. Job placement services available through county Placement Specialist. Hands-on vocational unit provides special needs students with individual and small-group assessment of interests and abilities, including pre- and post-assessment interviews, presentations on vocational interest and visits to county vocational programs; ability assessments, and hands-on vocational experience in specially developed work-sample stations.

Intake & Treatment: School psychologists, special education teachers and coordinators, guidance counselors and instructors, and Administration, Review and Dismissal committees (ARDs) follow structured process to refer candidates to VSST for vocational evaluation and placement recommendation. Assessment includes standardized tools, in-house interest surveys, and structured three-day career evaluation.

ARD committee and special education department of candidate's home school review individualized report synthesized from the evaluation. Implementation of Individualized Education Plan (IEP) is responsibility of the ARD committee attached to the Vo-Tech Center. In addition, Career Education Planning Folder becomes part of student's permanent record during assessment process.

Education/School: Once students enroll in vocational courses, VSST network of instructional aides and peer tutors provide support services outside and within vocational classroom. They focus on improvement of organizational and study skills, academic skills related to vocation, and basic vocational skills. Students learn problem-solving and interpersonal skills for the workplace. Student continues at his/her special education placement within county school system, earning a high school diploma toward which vocational-technical credits apply. Some earn college credits as well.

Vocation/Employment: Students attend vocational/technical classes off-site or on-site at home high school. VSST network instructional aides or peer tutors teach from specialized activity packets, developed by the program to address 14 different areas of occupational training. For each training area, activity packet presents units on basic information about the work, safety rules, vocabulary, and tool and materials identification; supplementary packet provides units on following directions and problem-solving, blueprint reading, measurement skills, and employment skills.

Community Liaisons: For students at risk of drop out, VSST supports the LETS WORK program, a four-level sequential program designed to teach, counsel and advocate for adolescents through high school years. Goal of this program is to have students stay in school through graduation and be prepared to find and keep work and/or continue with higher education.

Each level of LET'S WORK uses specialized instructional packets to help students achieve specific competencies. Level 1 targets students 14 to 15 who are at high risk to drop out. The focus of the program is on improving life/work.

Level 2 is a traditional program of pre-employment training, targeting adolescents 16 to 19, who receive 25 hours of instruction at the Vo-Tech Center and the home high school.

Level 3 serves students who have completed Level 2 and held a summer job, and focuses on job values and communications skills for finding and keeping work.

Level 4 serves those who have completed Levels 2 and 3, by reviewing and refining interviewing and job-seeking skills.

Parent Involvement: Frederick County Board of Education operates a parent Information and Training Center to assist parents in advocating for their child in the IEP process. Parents participate actively in updating and evaluating IEP's; also, parent advisory groups are active in the special education service system, of which VSST is a part.

Aftercare/Follow-up: 25% of students completing VSST programs move to independent apartments from home; 75% remain with families for some period of time before living independently.

Program Evaluation: Evaluation by the Maryland Department of Education.

Difficulties: Need for adult vocational training programs beyond offerings from community colleges, and for apartments and other housing for low- to moderate-income workers; inadequate follow-up services.

Plans and Projects: Plan to provide full-time evaluation services and to concentrate on post-graduate transition, placement and follow-up.

Reasons for Success: (1) Experience, education and commitment of both professional and instructional aide staff and good working relationships; (2) confidence of the local administration; (3) varied and innovative services, with annual review; and (4) a strong, cooperative working relationship with local educational and community-based services.

Agency: Grant Wood Area Education Agency, College Community School District (Prairie High School), Kirkwood Community College

Program Name(s): Kirkwood/Prairie Life Skills Center
Director: Wendell Maakestad, Director
Other Contact:
Street Address: 6301 Kirkwood Boulevard S.W., Box 2068
City State Zip: Cedar Rapids, Iowa 52406
Telephone: (319) 398-5411

Agency Type: Public

Program Type: School-based day treatment

Funding Sources: Iowa Department of Education funds reimbursed to Kirkwood Community College by local school districts.

Communities Served: Urban, suburban and rural Cedar Rapids area

Referral Sources: Public schools; mental health facilities and hospitals; and the Area Education Agency (Grant Wood).

Number Clients: 12

Client Profile: Males (85%) and females (15%), ages 15-21. Clients manifest poor impulse control, low self-esteem, and/or self-identity problems. Ninety percent of youth served are Caucasian; 10% African-American.

Wait for Admission: Three months

Average Stay: Three years

Staffing: 3 full-time; 2 part-time; 1 volunteer; social work, psychology, education and vocational counseling.

Staff/Client Ratio: 1:3

Philosophy/Goals: The Life Skills Center identifies five goals of treatment: to help young adult live and work effectively and independently in the community at the least restrictive level possible; to individually assess each student's abilities, interests and attitudes; to teach new behaviors that are socially appropriate and personally rewarding; to prescribe for each student an educational program that will reduce deficiencies and lead to high school graduation; to provide variety of opportunities for investigation of career possibilities and acquisition of valuable work habits.

Services Offered: Day treatment, outpatient counseling, respite care, aftercare and follow-up linkage; skills training for independent living, leisure time, and interpersonal relationships; career education, vocational assessment and training, job placement and on-the-job supervision.

Intake & Treatment: Candidates referred by Grant Wood Area Education Agency Special Education Sector Coordinators from home districts, who contact Sector Coordinator for College Community School District. Intake includes: complete Kirkwood/Prairie intake form, Sector Coordinators' discussion, staffing team discussion (includes parents), review of optional psychological data, candidate-parent visit to the Center, determination of placement date, completion of Individualized Education Plan (IEP). All referrals must be high school students 15-21 years old, labeled "behavior disordered (BD)," who have failed in school-based self-contained special education classroom.

Program does not accept candidates with histories of delinquency, diagnoses which include behavior dangerous to self or others, or high rates of combative and aggressive behaviors.

Treatment driven by IEP goals and a point-and-level system of academic and personal achievement. Students earn points for meeting daily behavioral goals specified by the IEP; points tallied daily to determine student's level for the following day. Levels determine access to privileges.

Education/School: Program provides different paths toward high school graduation or equivalency, depending upon student's abilities and needs. Students attend special education classes at Center, earning credits toward graduation from Prairie High School. As they demonstrate skills and deficits on level system and prepare a discharge plan, may enroll part-time at Prairie High and part-time at the Center; full-time at Prairie High or their home high school; in GED coursework; or, by referral, with Goodwill Industries or Handicapped Systems for post-school programming.

Vocation/Employment: Career education and vocational evaluation and training available on-site in conjunction with the Vocational Evaluation and Work Adjustment Center of Kirkwood Community College. Once student earns access to this additional program (by completing behavioral and academic contract in Center classroom), he or she is evaluated and placed in a skill area for 30 days. Experiences are tailored to the student's interests.

After success in several skill areas in the Work Adjustment Center, a student may enter the Grant Wood Area Education Agency Work Experience Program. From combination of classroom instruction and community experience, student gains hands-on exposure to world of work. Program incorporates career exploration phase and work experience phase.

Community Liaisons: Life Skills Center is joint venture of Grant Wood Area Education Agency, College Community School District, and Kirkwood Community College. It has formal and informal relationships with vocational schools and rehabilitation agencies, child welfare and juvenile justice agencies, health care and mental health providers, employers and job training programs, and agencies and programs of adult service system on behalf of its clients.

Parent Involvement: Parents may participate in family, group or individual therapy or respite care services. They are involved in development of IEP and transition plan through conferences; may also be involved in behavioral charting and home behavioral contracts.

Aftercare/Follow-up: Follow-up by Grant Wood Area Education Agency consultants. Services may include visits or other contacts written into the IEP up until age 22.

Program Evaluation: Yearly evaluation.

Difficulties: Scarce resources for sheltered work and supervised housing; physical facility needs renovation.

Plans and Projects: Plan to renovate facility.

Reasons for Success: Ability to isolate each student's behavioral objectives and divide them into manageable goals with which the student can be successful.

Agency: Hillsborough County Public Schools

Program Name(s): Hillsborough D.E.E.S./S.E.D. Center
Director: Anthony Colucci, Ed.D., Department of Education for Exceptional Students (DEES), Resource/Coordinator
Other Contact: John Roth, MSW, Mental Health Counselor; Isidor Landeta, Principal, Adult High
Street Address: 805 East Buffalo Ave.
City State Zip: Tampa, Florida 33603
Telephone: (813) 223-2508

Agency Type: Public

Program Type: An SED center; school-based day treatment providing vocational opportunities at Brewster Vocational Technical Center.

Funding Sources: Hillsborough County Public Schools and (for mental health services) the state Department of Health and Rehabilitative Services, according to a system of full-time equivalency "weights."

Communities Served: Urban Tampa, predominantly the inner city; Hillsborough County is the thirteenth largest school district in the nation.

Referral Sources: Schools, other district SED centers and state Department of Health and Rehabilitative Services

Number Clients: 40

Client Profile: Males (90%) and females (10%), ages 16-21. Students are aggressive, have poor social and problem-solving skills, poor impulse control, poor response to authority or are withdrawn. Many have DSM-III-R diagnoses, including bipolar disorder, schizophrenia and other affective disorders; some have been in residential treatment programs. Students are Caucasian (80%), African-American (10%) and Latino (5%). 85% have been in an out-of-home placement.

Wait for Admission: County school system serves all exceptional children through Center placements or homebased instruction; average of ten new openings for the Center per year.

Average Stay: Average is three years; through grades 10, 11 and 12.

Staffing: 12 full-time; 4 part-time; education, speech therapy, social work and psychology.

Staff/Client Ratio: 1:9 (one teacher and aide to nine students).

Philosophy/Goals: To integrate mental health and academic components to help kids learn to cope and survive.

Services Offered: A self-contained SED program of high school academics, vocational assessment and mainstreaming, daily mental health services, and classroom and practical employability training.

Intake & Treatment: Ninety percent of youth labeled SED are transferred from the junior-high SED centers to Hillsborough D.E.E.S. for high school. Ten percent referred for determination of eligibility for SED because of continued problems in emotionally handicapped resource rooms in regular schools.

Intake includes complete psychiatric and psychological testing and a social history. Parents and professionals together develop an IEP. Center does not refuse service to any SED eligible student, but cannot serve youth under 16, those more retarded than Educably Mentally Retarded, or those students whose parents will not sign the IEP.

Mental health services provided daily through contracted services with Northside Community Mental Health Center; include individual counseling; group counseling; crisis counseling and intervention; on-site or in-home family counseling; and weekly teacher inservice training on mental health issues.

Point-and-level program provides framework for behavior management; all students begin on Level One and work toward Level Four.

Education/School: Students can earn a regular high school diploma (by passing the state standards exam), a special diploma, a GED, and/or a vocational certification in a trade. Education programs include traditional academic courses (eg. English, Math, Science and Social Sciences). However, in the afternoon, depending on their assessed needs and abilities, they are involved in electives. These are physical education, art, independent family living skills, unique skills.

Vocation/Employment: Placement in "real-life" work settings as soon as possible; this may occur on their first day of placement at Hillsborough depending on vocational and behavioral assessments and academic performance. Those without skills to do this can take elective work experience class until they are ready for work. Mainstreamed D.E.E.S./SED students take part in adult vocational courses.

Community Liaisons: Work Experience Teacher provides liaison services to community, with the mental health counselor and classroom teachers.

Parent Involvement: In most cases, IEP process represents extent of family involvement; some families are linked to family or individual therapy resources.

Aftercare/Follow-up: No aftercare or follow-up service; however, do provide informational follow-up.

Program Evaluation: No formal evaluation component.

Difficulties: Need for more job coaching and other follow-up support for graduates. Also, vocational aides to assist with mainstreaming; and increased pre-vocational courses for students lacking skills for vocational mainstreaming.

Plans and Projects: Plan to expand meeting and classroom space and add a Behavior Specialist.

Reasons for Success: (1) Trained and experienced staff; (2) availability and effectiveness of adult vocational courses; (3) integration of mental health and education; and, (4) the behavior management system provides both tangible rewards and school privileges to motivate the students, as well as informing staff, students and parents about individual progress.

Agency: Janesville Public Schools

Program Name(s): Alternative Program (AL-PRO)
Director:
Other Contact: Diane Brinkman, Coordinator of Special Projects
Street Address: 408 South Main Street
City State Zip: Janesville, Wisconsin 53545
Telephone: (608) 756-8270

Agency Type: Public

Program Type: School-based

Funding Sources: State of Wisconsin (45%); City of Janesville (30%); Rock County (10%); federal grant (10%); Job Training Partnership Act (JTPA) (5%).

Communities Served: Urban Janesville

Referral Sources: Schools, parents, and agencies

Number Clients: 15-17

Client Profile: Males (80%) and females (20%), ages 13-21. Students labelled Seriously Emotionally Disturbed based on state guidelines for PL 94-142 and who have pattern of withdrawal or aggression; substance abuse or dependency; failure in self-contained/integrated program. 100% are Caucasian.

Wait for Admission: None

Average Stay: 18 months.

Staffing: 3 full-time; 4 part-time social work and education are represented.

Staff/Client Ratio: 1:5 in the classroom.

Philosophy/Goals: To assist students to: 1) remain in the community; 2) return to a less restrictive educational setting; and 3) gain and demonstrate skills (social, academic, vocational) to function effectively in the home, school and community.

Services Offered: Skills training for independent living, interpersonal relationships, leisure management; career education, vocational training, supported work, job placement for age-appropriate students, on-the-job supervision; linkage to adult services.

Intake & Treatment: Home teacher, candidate and parent(s) fill out specialized Brown and Hamhill Behavior Rating Scales; personnel of other service agencies are also involved. Rating scales screen for legal eligibility for services as Seriously Emotionally Disturbed child and/or need for setting less restrictive than Al-Pro. Intake review of records of attendance, academic and behavioral performance, history, placements and interventions; observations and interviews.

Treatment focuses on teaching interpersonal skills through daily group counseling and case management to promote interagency involvement. Students

and families are linked with services in the community to address social-emotional and vocational needs while student stays in academic program credited toward high school graduation.

Education/School: Students participate in self-contained academic program of special education, with components from regular or functional curricula as indicated by student's need and ability. In transition to less restrictive settings, students may be increasingly involved in regular or special education classes outside self-contained program, including at student's home school. Academic work earns credit toward high school diploma.

Vocation/Employment: Career education for students 14 years old or older. Vocational/technical classes with credit toward high school diploma available off-site. Through case management or the Department of Vocational Rehabilitation (DVR), students link with jobs and job supervision, with part of the day in academics and part in vocational training or work. Supported work component helps students successful at work/study move toward independent work, using adult DVR and community linkages.

Community Liaisons: Case management approach coordinates services to meet student/family needs for mental health counseling, drug/alcohol treatment, vocational rehabilitation and other social services. Case manager begins at referral to include all involved agencies in developing education/treatment plan and continues through treatment to coordinate service delivery, testing, consultation and academic program for the student.

The school board advocates for financial support for the full-time social worker and supported work component; staff advocate and share information with service clubs and parent support groups in community.

Parent Involvement: Parents involved in evaluation process (consent, interviews and checklists) and ongoing IEP process, including transition planning. Parents linked with resources for: group or family therapy, support groups and evaluative services of school district.

Aftercare/Follow-up: Aftercare and follow-up are responsibility of DVR or adult service agency at graduation; Al-Pro stays in contact informally for six months.

Program Evaluation: No information given.

Difficulties: Barriers to coordinated service delivery; difficulties in maintaining continued contact with students; shortage of services for clients on public funding.

Plans and Projects: Staff development program and parent support program.

Reasons for Success: (1) The supported work program; (2) daily group counseling; (3) staff/student ratio; and, (4) all of program provides intermediate day treatment for students transitioning from restrictive environments to community.

Agency: Multnomah Education Service District

Program Name(s): Multnomah Middle School
Director: Kerry Luber, Principal
Other Contact:
Street Address: 26 N.E. Morris Street
City State Zip: Portland, Oregon 97212
Telephone: (503) 249-1704 or 249-1868

Agency Type: Educational service district; public school

Program Type: School-based day program

Funding Sources: Multnomah County (100%)

Communities Served: Urban and suburban Portland, Oregon

Referral Sources: Public schools

Number Clients: 34

Client Profile: Males (80%) and females (20%), ages 10-14. Students are documented Seriously Emotionally Disturbed; their behavior is undersocialized, aggressive, verbally abusive, inappropriately attention-seeking, impulsive. 62% Caucasian; 33% African-American; Latinos, Asians and Native Americans represent remaining 5%.

Wait for Admission: Waiting list; 1-2 weeks to several months.

Average Stay: 2 years

Staffing: 13 full-time; 1 part-time. Education.

Staff/Client Ratio: About 1:3.

Philosophy/Goals: Multnomah Middle School attributes failure to learn to teaching approach and/or instructional programming, not to deficiencies in the learner. Focus is on current behavior, using well-developed Level System to move students from external to internal locus of control, which can be generalized to other aspects of student's life. Level System includes highly-developed token economy in which all privileges must be earned.

Services Offered: Day program; interpersonal relationship skills training; career education; basic academic skills.

Intake & Treatment: Candidate receives psychiatric, medical and educational assessments. Interim level placement is based on these assessments, assigning the student to level according to behavior, not age. Staff holds formal Interim Placement Meeting with the candidate's parents and referring school district. After 30 days' observation of client, Individual Education Plan (IEP) goals are written. No student with primary documentation as Seriously Emotionally

Disturbed is refused. Program cannot serve youth documented Educably Mentally Handicapped (EMH or EMR) or Trainably Mentally Handicapped (TMH or TMR).

Education/School: Special education classes on-site; curricula aimed at middle school students, and includes Reading, Language Arts, Math, Social Skills, Career Education and Computer Science. The student must meet behavioral criteria from Student Checklist of behaviors pertinent to his/her level.

Vocation/Employment: Career Education part of academic curricula beginning at age 10. Vocational/technical training or placement not available.

Community Liaisons: Informal linkages with community-based mental health and health care providers, an alcohol/drug abuse treatment provider, and other intervention programs.

Parent Involvement: Parents involved in development of IEP and receive periodic progress reports by mail.

Aftercare/Follow-up: No aftercare or follow-up services.

Program Evaluation: Principal prepares quarterly reports tracking students on several dimensions: behavior; academic progress; attendance; incidence of fighting, property destruction, physical restraint, leaving without permission and classroom timeouts; and frequency and duration of school detentions.

Difficulties: Few options other than out-of-home placement for youth who demonstrate out-of-control behavior.

Plans and Projects: Need for an adequate physical plant, and a computerized database.

Reasons for Success: (1) Excellent staff; (2) well-defined disciplinary procedures; (3) excellent student/staff ratio; and, (4) program incorporating academic curricula, positive incentives for students, and social skills program.

Agency: North Metro PsychoEducational Program

Program Name(s): Transition Program for Autistic Children
Director: Lawrence Weiner
Other Contact: Liz Houser, Consultant
Street Address: 846 Huff Road NW
City State Zip: Atlanta, Georgia 30318
Telephone: (404) 352-3720

Agency Type: Public

Program Type: School and community-based psychoeducational day treatment; one of 21 within Georgia Psychoeducational Network

Funding Sources: State of Georgia (75%); federal government (25%)

Communities Served: Urban, suburban and rural areas around Atlanta

Referral Sources: County programs; the Autistic Society; and parents

Number Clients: 8

Client Profile: Males (83%) and females (17%), ages 11-21. Youth are diagnosed autistic; are self-abusive, withdrawn, non-verbal, violent in the classroom; testing across wide range of IQ scores. Percentages from racial minorities not available.

Wait for Admission: None

Average Stay: A student may stay in this program until his/her 22nd birthday.

Staffing: 7 full-time; 2 part-time; 8 student tutors; 32 volunteers. Education, social work, psychology and psychiatry are represented.

Staff/Client Ratio: 1:1 or better

Philosophy/Goals: Problems exist because of poor fit between the child and his/her environment; child is biologically different and untreated environment affects the child adversely. Treatment should flow from functional analysis of skills and skill deficits, individualized for each child and family. These children require a lifelong one-to-one resource; treatment should build a social network for the child and family to meet this need.

Services Offered: Program provides specialized academic classroom and vocational workshop. Case management secures the services needed which are determined by the functional assessment done of child and family.

Intake & Treatment: Candidates referred by county psychoeducational network. Vocational assessments may be done in community or in home; intellectual, psychological and other evaluations complete functional analysis, which drives treatment.

Classes take place in self-contained classroom of local public high school, with one teacher and two teacher assistants who work cooperatively with a class of

8 non-handicapped high school students. Non-handicapped students follow an 18-month curricula which combines academic and practical work. They work one-to-one with youth in self-contained classroom to meet requirements for practica, assisting in teaching functional curriculum and building a social network for autistic students.

Education/School: Students in the Transition Program receive instruction from functional special education curriculum in self-contained setting; attend graduation for host high school, and receive Certificate of Attendance from high school.

Vocation/Employment: Students capable of attending vocational/technical classes offsite may do so; Transition Program also runs sheltered workshop onsite. All are exposed to career education, prevocational and vocational training beginning at age 11, through program contacts with public vocational rehabilitative services. Career education includes practice and videotaping of job interviews and community-based learning with volunteers or parent professionals.

Community Liaisons: Client families linked with resources in communities to meet their needs. Service brokerage and service linkage is focus of case management. Program works closely with Autistic Society and with parents who volunteer their expertise to career education curriculum. Each adolescent's peer tutor also involved with student and family in their home.

Parent Involvement: Parents regularly observe classroom and workshop. They volunteer in classroom, or host student visits as part of community-based pre-vocational curriculum. Parents learn behavior management techniques to apply at home, and advocate for the program, particularly with high school district.

Aftercare/Follow-up: Most students remain with their families; a few go to group homes after Transition Program. Follow-up is continued with Autistic Society and families for 3-4 years after student leaves program, though case is formally closed after one year. Follow-up services are not funded.

Program Evaluation: No evaluation component.

Difficulties: None noted.

Plans and Projects: Plans for a parent-run follow-up program, recognizing the autistic person's lifelong need for one-to-one service.

Reasons for Success: (1) Staff who assume extra responsibilities; (2) the county's commitment to special education services for autistic youth; and, (3) rapport and commitment among program and other agencies.

Agency: Open Meadow Learning Center

Program Name(s): Transition Project
Director: Carole Smith, Director
Other Contact: Theresa Russo, Transition Specialist
Street Address: 7602 North Emerald Street
City State Zip: Portland, Oregon 97217
Telephone: (503) 285-0508

Agency Type: Private non-profit

Program Type: Independent alternative school

Funding Sources: Transition Project demonstration funded by Oregon Community Foundation and Fred Meyer Charitable Trust. Funding for the Learning Center, including the Transition Project, from Portland Public Schools Special Education Departments (53%); State Juvenile Justice Commission (31%); tuitions, contributions, foundation grants, interest and dividends (16%).

Communities Served: Urban Portland

Referral Sources: Juvenile court counselors; special education departments of public schools; public school counselors and administrators.

Number Clients: 40 (22 from Transition Project)

Client Profile: Males (50%) and females (50%), ages 14-18, with histories of poor school attendance; legal, academic, behavioral and emotional problems; substance abuse; domestic violence; physical and sexual abuse; low self-esteem; and poor peer relationships. 74% Caucasian, 14% African-American, 5% Latino, 5% Native American, 2% Asian.

Wait for Admission: No waiting list; interviews 4 times yearly with entrance at beginning of academic quarter

Average Stay: 18 months

Staffing: 5 full-time; 2 part-time; 2 students; 15 volunteers (Board of Directors); psychology, education, and vocational counseling.

Staff/Client Ratio: 1:7

Philosophy/Goals: Development of sense of self, emphasizing responsibility for choices and accountability for actions/behavior. Treatment is relationship-based and experiential, to establish a consistent and predictable structure for resuming personal growth.

Services Offered: Skills training for independent living, leisure time management, interpersonal relationships; career education; volunteer, mentorship and paid work placements; on-the-job supervision and aftercare and follow up services.

Intake & Treatment: Intake: admission interviews, academic testing, candidate's written personal inventory, and review of records. New students on a 30 day probation period, attending orientation class first quarter. Each student has staff advocate to coordinate counseling, educational, vocational and family components of student's plan; regular conferences, written reports and advocacy meetings support the plan and monitor performance/needs. Cannot accept youth who require more restrictive setting or can benefit from less restrictive one.

Education/School: On-site regular and special education classes; vocational/technical credits and credits toward high school diploma available on-site. Also available are regular, special education, vocational/technical and community college placements. A mentorship program allows students to work one-to-one with a respected member of the business/work community.

Vocation/Employment: Institutional foods experience available on-site. Staff coordinate variety of vocational placements through other programs in the community, enabling students to have volunteer and paid work placements.

Community Liaisons: From intake to 6 months after discharge, program staff involved in obtaining community resources and placements for clients.

Curriculum is community-based, relying on speakers, demonstrations, and visits to community services and businesses. Examples include symposia on personal finance by banking professionals and five-week literature curriculum in preparation for attendance at theatre production.

Parent Involvement: Parents involved in transition planning and case management efforts; family counseling on informal basis. Parents develop and carry out intervention plans with support from parent conferences and phone contact. A parent board member has worked on program planning, evaluation and advocacy.

Aftercare/Follow-up: Students followed up for six months after discharge; follow-up services are part of overall program budget, including an extension of case management efforts.

Program Evaluation: Open Meadow evaluated annually by Portland Public Schools and the Northwest Association of Schools and Colleges; biennially by the Juvenile Services Commission. The 2-year demonstration of Transition Project evaluated by Northwest Regional Educational Laboratory.

Difficulties: Insufficient funding for aftercare; scarcity of appropriate transition sites for students; and service gap between successful completion of alternative program and entry into mainstream educational or work environments.

Plans and Projects: Transition Project incorporated into regular program; "ideabook" available for alternative-school staff seeking to build a transition component for students. Plans to strengthen Transition Project, increasing resources available: more job placement sites, mentorships, volunteer placements, and financial scholarships.

Reasons for Success: (1) Student/staff ratio; (2) diverse student body; (3) advocate system providing support to student in all aspects of life; (4) diverse and qualified staff; and (5) services provided in a single school-based setting.

Agency: Rise, Incorporated

Program Name(s): School-to-Work Transition for Students with Special Needs
Director: Don Lavin, Rise Program Manager
Other Contact: Joy Majsterski, Lead Transition Specialist
Street Address: 8406 Sunset Road NE
City State Zip: Spring Lake Park, Minnesota 55432
Telephone: (612) 786-8334

Agency Type: Private non-profit

Program Type: School-based

Funding Sources: State vocational rehabilitation funds (42%); state vocational education funds (45%); federal JTPA funds (12%); miscellaneous (3%)

Communities Served: Six suburban and rural school districts represented by ten schools.

Referral Sources: Youth referred by case managers for EBD (Emotionally/Behaviorally Disturbed) students in six districts.

Number Clients: 263 (plus 243 in follow-up).

Client Profile: Males (60%) and females (40%), seniors in high school, ages 17-19, who are documented Learning Disabled (56%), Mentally Retarded (28%), or Emotionally/Behaviorally Disturbed (14%). Emotionally Disturbed youth referred to this program are not future oriented, often suicidal, and have little eligibility remaining during which they can receive assistance as children. 96% Caucasian, 4% African-American, and about 4% other minorities (Latino, Asian or Native American).

Wait for Admission: No waiting list.

Average Stay: Two years

Staffing: 3 full-time. Education and vocational counseling represented. (Administrative time provided by representatives of each agency in the consortium.)

Staff/Client Ratio: 3 Transition Specialists for 263 clients

Philosophy/Goals: This interagency effort is a program of case management to provide clients with vocational goals and experience and other assistance they need to move productively into adult-serving system. Program links clients with competitive or supported employment in adult community.

Services Offered: Individualized transition planning focusing on vocational, community residential, post-secondary educational, and adult service components.

Intake & Treatment: Youth identified beginning senior year in high school and referred by school EBD case manager. Candidate must have current WISC-R or

Stanford-Binet intelligence test. Other psychological evaluations may be requested along with COPS/CAPS vocational assessment. The program accepts all referrals except those who are physically dangerous.

Assessments done at intake are basis for a case plan. Case plan drives a two-year service cycle, including one year of follow-up after client has left high school and entered adult system.

Education/School: Youth continue special education classes in home schools or out of district and graduate from high school. Some students may also participate in a "summer modified program," coordinated with one of various technical institutes. Modified programs involve classroom and community-based instruction.

Vocation/Employment: Students participating in modified programs may find work in the community after completing programming, or they may continue modified training at post-secondary level. The School-to-Work program has Job Placement Unit to work with program participants who are high school graduates ready for work in community. The Job Placement Specialist works individually and in group sessions during three phases: pre-placement activities, job development, and placement follow-up. Pre-placement and job development activities include skills instruction for job seeking, resume development, and personalized placement planning. Participants in this part of the program may also receive services through JTPA or the Department of Rehabilitation Services or both. The Job Placement Specialist works with the employee, employer and adult service agency to provide smooth transition to independent work.

Community Liaisons: The Anoka County School-to-Work program is a consortium of eleven community agencies and education programs administered by Rise, Inc. Six independent Anoka County school districts are included, as are the Minnesota Division of Rehabilitation Services, the Anoka County Job Training Center of the Job Training and Partnership Act (JTPA), and the Anoka Area Vocational Technical Institute. The consortium has invited Anoka County Department of Community Health and Social Services to participate in program planning and provision of direct service.

Parent Involvement: Parents involved through IEP and ITP processes. In addition, parents requesting specialized help are linked by program case managers with resources or referrals for individual counseling. Parents may be involved in advocacy efforts with local resources and or the policy committee of the program.

Aftercare/Follow-up: Two-year program includes one year of follow-up after completion of high school and entry into adult community or service system. Students referred to appropriate adult agency, as needed.

At follow-up, one year after graduation, 2 EBD students were working (.01% of EBD students served), one in food services and one in construction; and 29 EBD students (88% of EBD students served) were in post-secondary schools (community college, training programs).

Ninety-seven percent of all students served live with family, foster family or relatives after participation; 1% live independently.

Program Evaluation: Annual evaluation.

Difficulties: A small staff to serve a very large and diverse population. General shortage of money for services; disincentives to work for clients receiving SSI or other supports.

Plans and Projects: Plans to integrate community education programs into school curriculum to meet needs for independent living skill training and effective education.

Reasons for Success: (1) Large number of participants increases creativity and flexibility about use of funds and kinds of services available; (2) team approach fosters sharing, which keeps motivation high; (3) early identification of youth who will need adult service system support promotes proactive planning on the client's behalf; (4) concern of the participating school districts; (5) pooling of resources by schools and adult sponsoring agencies.

Agency: Virginia Department of Education (Division of Special Education Programs) Virginia Department of Rehabilitative Services (Community Rehabilitative Services Division and Woodrow Wilson Rehabilitation Center)

Program Name(s): Postsecondary Education/Rehabilitation Transition (PERT)
Director: Joseph Ashley, Project Coordinator
Other Contact:
Street Address: Box 350, Woodrow Wilson Rehabilitation Center
City State Zip: Fishersville, Virginia 22939
Telephone: (800) 345-WWRC Toll Free; (703) 332-7123

Agency Type: Public

Program Type: School-based

Funding Sources: Special education and vocational education divisions of the state Department of Education (33%); Woodrow Wilson Rehabilitative Center and Community Rehabilitative Services Division of the state Department of Rehabilitative Services (67%)

Communities Served: 36 local education agencies in the state of Virginia

Referral Sources: Special education teachers and coordinators in the local education agencies served by the program

Number Clients: 288 new students each year; 500 students at any one time.

Client Profile: Males (50%) and females (50%) 16 years of age or older. PERT serves Special Education documented students, including the emotionally disturbed. Most are Learning Disabled or Mentally Retarded, but program open to any Special Education student referred by teachers and approved for participation by parents. Most have little positive future-orientation concerning work or personal productivity; few skills and limited confidence to take care of themselves independently. Specific figures not available; majority are Caucasian.

Wait for Admission: None

Average Stay: Students spend 2-3 years in PERT completing high school, and up to 4 years in the follow-up phase as adult clients of the Department of Rehabilitative Services.

Staffing: 5 full-time (plus part-time leisure time counselors during summer evaluation periods). Education and rehabilitation.

Staff/Client Ratio: 1 case manager to 12 clients

Philosophy/Goals: To assure that students with disabilities are prepared to leave public school and move productively to post-secondary training and work.

Services Offered: Comprehensive assessment of skills and deficits in areas of vocation, leisure management and personal independence; vocational training

during high school; full array of services available to adult clients of Department of Rehabilitative Services (training, education, counseling, follow-up).

Intake & Treatment: Special Education, Vocational Education and other teachers identify candidates for PERT at the end of ninth grade year. PERT conducts basic screenings and refers candidates who need services, show motivation and have parent support, to Woodrow Wilson Center. During the 10th grade year or the summer following it, candidates live for two weeks at the center and undergo comprehensive evaluations of vocational skills/deficits, leisure management skills, and independent living skills. At the end of the evaluation period, PERT staff meet with the child's team (representatives from special education, vocational education and rehabilitative services) to incorporate assessment findings and recommendations into student's IEP. The team seeks maximum assistance from student's local school and local education agency (LEA). IEP recommendations may include supplemental evaluations or work adjustment experiences at Woodrow Wilson Center during summer after 11th grade.

Education/School: Students in PERT remain in special education and vocational classes in local public high schools. After high school, may pursue post-secondary education or training at vocational technical schools or community colleges or enter adult system.

Vocation/Employment: During high school, students receive vocational services from local schools and LEAs. In post-secondary phase, the adult system oversees training or education in vocational/technical schools, community colleges and other vocational settings in the community. Local schools provide work experiences, and the adult system links clients with work or training opportunities.

Community Liaisons: All personnel advocate in community for peer students and for adolescents as a whole. PERT has spearheaded statewide awareness of transition needs and issues. Board of Education has mandated expansion of PERT services to other Virginia LEAs, and Department of Rehabilitative services has made the transition of youth into its system its number one priority for next biennium.

Parent Involvement: Referred students not eligible without the approval of their parent(s) during basic screening. Parents are involved in transition planning process provided by the student's team; IEP is not valid without parent signature. Parents are encouraged to be involved in the monitoring, implementation and evaluation of the student's plan, in providing feedback to PERT or team personnel about the program, and in advocacy efforts on behalf of their own child and the program. Finally, parents or family members may receive services from the Department of Rehabilitative Services as part of student's plan.

Aftercare/Follow-up: Aftercare planning is joint responsibility of Department of Rehabilitative Services and rest of the team. Follow-up is responsibility of rehabiliation counselor once student completes high school and becomes adult client of Department of Rehabilitative Services. The client is provided the same follow-up services received by all clients of department. Services may include from 60 days' to several years' follow-up after date of employment, and feedback to the PERT team.

Follow-up services are funded separately from PERT out of Department of Rehabilitative Services' federal and state funds. In Virginia, students may continue in high school after age 22 if attending school at time of their 22nd birthday.

Program Evaluation: None at present.

Difficulties: Virginia anticipates 75% of its more than 29,000 special education students 15 or older are potential PERT clients. More money needed to fund staff, staff training and facilities.

Plans and Projects: Plans to advocate for more state funding to expand PERT into other LEAs.

Reasons for Success: (1) High level of interagency cooperation during early transition planning; (2) heightened awareness within the Department of Rehabilitative Services; (3) basic screening and tie-in of evaluation results with IEP have meant better-prepared adult clients, whose overall service package is less expensive, than those who did not have PERT services.

CASE MANAGEMENT

TRANSITION PROGRAMS

Agency: Interagency Case Management Project

Program Name(s): Interagency Case Management Project
Director: Egon Stammler, Supervisor
Other Contact:
Street Address: 411 North 24th Street
City State Zip: Phoenix, Arizona 85008
Telephone: (602) 220-6462

Agency Type: Public; joint cooperative among Arizona Department of Economic Security, Arizona Department of Health Services, Arizona Department of Corrections, and Maricopa County Juvenile Court Probation.

Program Type: Case management only

Funding Sources: State of Arizona (70%); Maricopa County (30%).

Communities Served: Urban Phoenix

Referral Sources: Participating agencies

Number Clients: 150

Client Profile: Males (52%) and females (48%), 12-18 years old. Emotionally disturbed, low-functioning, pervasively disabled children identified by dependent or delinquent behavior. 83% of youth served are Caucasian; 10% Latino; 5% African-American; and 2% Asian.

Wait for Admission: 10 weeks

Average Stay: 2 years

Staffing: 8 full-time; social work, psychology, nursing and juvenile justice.

Staff/Client Ratio: 1 case manager for 16 cases

Philosophy/Goals: Family dynamics create problematic dependent or delinquent patterns in the child's behavior; family therapy teaches parents alternatives they can use in dealing with family problems. Case management assures that child and family receive all the services they need.

Services Offered: Direct case management includes outpatient counseling, day treatment, respite care, five- and seven-day residential services, foster and group homes, independent apartments, aftercare and follow-up services. Independent Living Skills Training Program, Independent Living Subsidy Program, and After Care Program.

Intake & Treatment: Youth accepted are functioning well in an independent area (school, community or other activity), and have demonstrated and verbalized readiness for independence. Participants are delinquent or dependent. Individualized plans reviewed every six months.

Targets youth who require services from more than one agency, or who can be more effectively served than they would be by home agency. No direct service other than probation, parole and casework. Specific treatment philosophies and modalities vary according to placement selected.

Education/School: Educational needs are met in existing school systems and education programs. Clients may pursue GED or high school diploma, or vocational/technical and college credits.

Vocation/Employment: Vocational training and career education available to clients 16 or older.

Community Liaisons: Formal and informal relationships to agencies and resources in both the youth- and adult-serving systems. Focus is on linking and most effective use of community resources on behalf of the client.

Parent Involvement: Case plans are considered family plans, unless the child and family are so estranged that the child cannot return home. Parents centrally involved in determining the case plan, and participate in individual, family and group therapy; organized support groups; respite care; information and education; and transition planning for their child. Some families involved in advocacy efforts directed at improving service availability.

Aftercare/Follow-up: State-funded Aftercare Program to provide continuity and support to youth who have completed the Independent Living Skills Training Program and/or the Independent Living Subsidy Program.

40% of clients served return to natural, foster or adoptive families; 45% discharged from the Project back to their home agencies; 15% maintain independent apartments after discharge.

Program Evaluation: The State Office of Evaluation completed annual report on the first two years of the project.

Difficulties: Current staff size limits services; more financial resources and housing needed for youth 18 to 23; support services not well-publicized within youth-serving community.

Plans and Projects: Community and inter-agency education about the needs of youth served.

Reasons for Success: Knowledgeable case managers who effectively link youth and families with services.

Agency: Providence Center for Counseling & Psychiatric Services

Program Name(s): Adolescent Independent Living Program
Director: Fredericka Bettinger, Director of Child and Family Programs
Other Contact:
Street Address: 520 Hope Street
City State Zip: Providence, Rhode Island 02906
Telephone: (401) 274-2500

Agency Type: Private non-profit mental health center

Program Type: Community-based independent apartments

Funding Sources: Rhode Island Department of Children and Families (DCF) (100%)

Communities Served: Urban Providence

Referral Sources: Rhode Island Department of Children and Families Mental Health Services Review Team

Number Clients: 10

Client Profile: Males (50%) and females (50%), 17-21 years old, with histories of failed substitute care placements. All clients have identified mental health needs. Approximately 80% Caucasian; 20% African-American.

Wait for Admission: Referring agent, Department of Children and Families, maintains list of adolescents awaiting referral.

Average Stay: One year

Staffing: 6 full-time and 2 part-time social work and psychiatry staff; team which works cooperatively in two additional programs.

Staff/Client Ratio: 1:3

Philosophy/Goals: Supports client financially and through intensive case management. Purpose of program is to teach practical skills for independent living; to provide community-based practice of these skills in work, training and social environments; and to gradually remove support in a structured way as the client learns to rely on appropriate community linkages and his/her own skills. Ultimate goal is adolescent functioning independently at work and leisure, and able to make his/her own linkages to community resources.

Services Offered: Intensive case management to link the client with an apartment, an educational or vocational program, a job, and recreational resources; individual and group work to build daily living skills from a structured curriculum (budgeting, banking, social skills, transportation, job acquisition, leisure skills, career education); individualized, supervised community-based practice of daily living skills; 24-hour emergency services; individual counseling; modified, community-based day treatment; informal aftercare and follow-up.

Intake & Treatment: Rhode Island Mental Health Services Review Team provides referral packet on candidate eligible for mental health funds. Staff team reviews packet and works with candidate's current temporary residential placement to understand current behaviors and needs.

Candidate participates in series of interviews with program staff and consulting psychiatrist and helps develop his/her own goal-oriented treatment plan. Team approach to treatment includes case managers familiar with all participants. Focus of client/case manager relationship is development of client's skills through use of community resources in order to live independently. Psychological testing, individual and group psychotherapy and substance abuse counseling available.

Case manager helps client find housing and provides daily supervision and training in basic living skills. Client and case manager work to incorporate social and recreational activities into daily life; client is expected to find employment or vocational training with the case manager's help. During initial stage, the Center pays basic expenses. As client moves through the program, s/he takes financial responsibility for expenses, working toward total financial independence in final stage of treatment.

Education/School: When treatment plan includes academic goal, case manager and client identify a regular or special education program in a local high school, a GED program, or a community college program. Clients also participate in an 8-10 week group on daily living skills. GED coursework available at the center.

Vocation/Employment: When treatment plan specifies vocational training, client works with case manager and is referred to community vocational rehabilitation services or vocational technical school.

Community Liaisons: Case managers are active in community with clients or on their behalf. Administrators involved in lobbying efforts, hearings and other advocacy work for adolescents. Case management includes liaison work with teachers, employers and recreation resources, as client's needs and treatment plan dictate. Extensive liaison work to establish and maintain relationships with landlords.

Parent Involvement: Most clients minimally involved with family at time of referral. When family or client want contact, case manager works to focus them on the client's emancipation and independence, to ease separation and/or to help family members gain a realistic perspective on relationship between adolescent and family.

Aftercare/Follow-up: No funding for aftercare or follow-up. Telephone check-ins continue for one to two months after discharge. Many "graduates" elect to continue involvement in weekly social/recreational groups.

Program Evaluation: No formal evaluation component.

Difficulties: State contract covers only 90% of program costs. No funding for formal aftercare services. Youth must be terminated by the eighteenth birthday, unless designated "handicapped." Needs of youth referred from secure residential facilities cannot be met. Not enough affordable housing in community.

Plans and Projects: Plan to add short-term residential and respite beds to continuum of care and a program of residential stabilization prior to apartment living.

Reasons for Success: (1) Staff expertise, attitude and training; (2) highly individualized and flexible approach facilitated by small program; (3) client-centered focus; (4) persistence in the face of youths' attempts to fail; (5) good relationships with landlords and rental agencies.

Agency: SED Network

Program Name(s): Transitional Services Resource Center, Inc.
Director: Kim Hooper, Transitional Services Case Manager
Other Contact: Linda Sheehan, Vocational Support Teacher, Multi-Agency Network for Severely Emotionally Disturbed Children (SED Network)
Street Address: 2315 Hartsfield Road
City State Zip: Tallahassee, Florida 32303
Telephone: (904) 385-0211

Agency Type: Private non-profit

Program Type: Case management; "program without walls"

Funding Sources: This program was proposed by the SED Network to a multi-agency ad hoc committee, to address the needs of youth returning to the community from residential care out-of-district. Staff of the SED Network ran it as a pilot project until its' recent incorporation. Case manager position funded through multi-district cost-sharing agreement between Leon County Schools Department of Exceptional Student Education, the state Department of Health and Rehabilitative Services (HRS) programs for Alcohol, Drug Abuse and Mental Health and for Children, Youth and Families. Site is donated by Father Flanagan's Boys' Town; program relies on network of community volunteers and private donations.

Communities Served: An eight-county area that includes urban, rural and suburban communities

Referral Sources: Leon County Schools' day treatment program for SED youth; the foster care program of HRS; local residential programs.

Number Clients: 24 per year

Client Profile: Males (50%) and females (50%), 16-22. Some clients aging out of foster care system become eligible for foster care independent living funds by participating in program and finding employment. Others SED youth are in need of skills for independent living, job acquisition and retention. All need comprehensive Individual Transition Plan, including linkage to existing resources.

Wait for Admission: Groups form quarterly. Candidate may be screened but not accepted for one quarter.

Average Stay: Intensive group-oriented services for eight weeks. Followed-up until age 22 if necessary.

Staffing: 1 permanent half-time; 24 students; 15 volunteers; social work, education, vocational counseling, psychology and law.

Staff/Client Ratio: 2:8

Philosophy/Goals: Overall aim is to prepare target youth for independent living and employment. Focus of program not on determining cause of problems, but on properly assessing current functioning and meeting current needs to foster independence. Client population deliberately mixes SED youth with youth who have been in the foster care system and need to live independently; subgroups viewed as mutually supportive.

Service goals include development of a comprehensive multidisciplinary Individualized Transition Plan for each participant; improvement of interpersonal and social skills necessary for transition from youth to adulthood; improvement of skills for independent living; and acquisition of skills for obtaining and retaining work.

A major focus of program is the sensitization of "all cooperating agencies and the private sector to the unique needs" of the target population.

Services Offered: Skills training for independent living, leisure time management and interpersonal relationships; individualized career education; and a job club. Linkages and referrals to community-based counseling, day treatment, respite care, independent apartments, vocational training, job placement services and job-site supervision.

Intake & Treatment: Referrals screened to serve the most needy first, and to compose groups with a mix of strengths, deficits and behavioral problems. Available and potential family, agency and community support systems are analyzed.

Youth with special problems receive flexible programming, that can include fewer sessions per quarter, more weeks in the program, special services outside group time. Curriculum is eight once-weekly group meetings for two hours. First hour is spent on socialization and interpersonal skill-building. Second hour focuses on independence: participants practice cooking, budgeting and similar skills in small groups or go into the community to look for housing, review leases, or use public transportation. Group members are expected to use skills in their lives outside the group and to become responsible for socialization component of the group. Each individual works with case manager to write a transition plan addressing several specific components: personal and family relationships, medical needs, personal management/leisure time, vocational training, work experience/interest, financial resources/management, agency resources, and living arrangements. Client and case manager work together to link client with services that meet plan requirements and to provide network of support after the eight-week session concludes. Periodic case conferences monitor writing of the plan and allocation of responsibilities to client among service agencies.

Education/School: Clients who are SED attend special education classes. Clients referred from foster care are in public regular or special education, alternative education or vocational education. Program expects to extend into seven counties.

Vocation/Employment: Individualized career education and group presentations are utilized. Case management links clients with vocational services--assessment, training, job placement or coaching.

Students unemployed after eight-week groups join a job club. Club meets for four hours three times per week, and provides general information about jobs as well as concrete job leads. Clients do self-assessments, role play interviews, and use group to assess strengths and weaknesses. Client leaves group with job leads to follow up, and must report on activity the next day at job club.

Community Liaisons: Main focus is to link client and community resources. Case manager allocates responsibilities for client's transition plan among existing resources and monitors their progress on meeting client's needs.

Parent Involvement: Parents involved during intake and transition planning. Parents volunteer to present a topic or share a skill with the group. Toll-free information and referral line provides parents a computer print-out of all resources available to their adolescent.

Aftercare/Follow-up: After completion of eight-week group, members are followed for one year by case manager, who continues to enlist community resources to meet the client's needs. Clients maintain contacts with other group members and use the Transitional Services Resource Center as a drop-in support center. The Job Club offers skill practice and support for youth still needing jobs or beginning new work. Youth may renew participation in group, perhaps as a peer mentor, if need for support or skill practice dictate.

Program Evaluation: Plans in progress.

Difficulties: No mandated dollars for follow-up with SED youth for supported employment. Supported employment opportunities linked to the program are only short-term.

Plans and Projects: Grant proposal development to finance a Program Director, Independent Living Trainers, Job Coach, and an urban facility.

Reasons for Success: (1) Multi-agency cooperation; (2) client mix of SED and foster care youth; (3) use of feedback from first group of clients; (4) trusting and mature relationships between clients and group leaders/case managers; (5) cooperating agencies and community members are generous with time, space and expertise.

MULTI-SERVICE AGENCIES' TRANSITION PROGRAMS

Agency : Alabama Department of Youth Services

Program Name(s): Independent Living Component
Director: George M. Phyfer, Director
Other Contact: Brenda Bentley, Department Statistician
Street Address: Box 66
City State Zip: Mt. Meigs, Alabama 36057
Telephone: (205) 272-9100

Agency Type: Public juvenile corrections

Program Type: Independent living component of group home program

Funding Sources: Four group homes funded by state and federal government. The independent living program is an informal aftercare plan for some group home clients.

Communities Served: Urban Montgomery

Referral Sources: State juvenile correctional institutions refer to group homes; group home staff refer individual clients for independent living component.

Number Clients: 186 youth were served during 1987; 6 were involved in Independent Living option.

Client Profile: Each of four group homes serves approximately ten youth. Three homes for boys only; one of these is primarily for younger boys not ready for independent living. Home for girls serves slightly younger girls not yet candidates for independent living option. Participants in Independent Living option thus far are boys, 17-19 years old.

Youth referred are adjudicated and have been released from state juvenile correctional facilities. Nearly 100% are diagnosed as conduct disordered; 75% have dual diagnoses with mental retardation, emotional disorders, substance abuse/dependence disorders or learning disabilities.

Group home residents eligible for Independent Living option have no other resources and have demonstrated by behavior in the home, at school and at work that they are progressing and a good risk for community-based living.

Wait for Admission: Variable for the group homes; not applicable for Independent Living option.

Average Stay: Six months for the group homes. No data yet available for the Independent Living option; all those who began independent living in 1987 are still using the group home and group home staff as a support service.

Staffing: Example: 5 full-time and 3 part-time counseling staff at the Bell Road Home in Montgomery.

Staff/Client Ratio: Youth living independently are served by same staff serving youth in residence at group home.

Philosophy/Goals: Goal of group homes is to provide a planned mixture of structure and supervision to facilitate success of post-institutionalized kids returning to families prior to emancipation.

Goal of independent living option is to meet needs of youth emancipating directly from group home: support, guidance, linkage, skill-building.

Services Offered: Group home provides individual and group counseling that addresses independent living skills, leisure time skills, interpersonal relationship skills, career education, prevocational and vocational training, job placement.

Independent Living option helps group home youth find apartments and provides resource for guidance and problem-solving in the community.

Intake & Treatment: Candidate for post-institutional placement spends three weeks at the Diagnostic and Evaluative Center, undergoing testing on many dimensions. An IEP is developed, along with a list of problems and recommendations, which serve as guidelines for treatment for all placements.

Candidates for Independent Living option are referred by their group home staff. Eligibility based on age, need, demonstrated progress, and maturity in behavior in the home, school and at work. Candidates must have steady job and some savings. Staff must assess them as good risk for the program, since staff are required by landlords to co-sign on all leases or other agreements into which youth enter.

Education/School: Group home residents attend regular and special education classes at public schools; some have attended community college. High school diploma or GED available on an individualized basis.

Youth in the Independent Living option may pursue GED, vocational or community college. Most work full-time to support themselves in the community.

Vocation/Employment: Group home youth receive career education through individual and group counseling. Vocational training available through the state Vocational Rehabilitation Department or vocational/ technical schools. Group home staff help youth find community-based jobs.

Youth in Independent Living option must demonstrate behavioral progress in individual and group career counseling, as well as in vocational training or paid work. They must have jobs and some money saved prior to leaving the group home.

Community Liaisons: Group home staff are quite expert at finding resources in the community. Staff establish relationships with the local schools, landlords, and employers.

Parent Involvement: Youth in Independent Living option do not have reliable family resources; parents are typically uninvolved.

Aftercare/Follow-up: Independent Living option evolved from need for aftercare plan, particularly for kids without family resources. Those who have participated in the option so far have maintained contact with group home staff. Staff provide back-up and support that might otherwise be provided by family of emancipating youth.

Program Evaluation: The Independent Living option is not yet a formal program; no formal program evaluation exists.

Difficulties: Staff recognize need for intermediate step of semi-supervised apartment living for youth leaving the group home to live in community. Little affordable housing and insufficient subsidized housing for low-income youth.

Plans and Projects: The Department of Youth Services seeks financial support for formal independent living program. This would alleviate need for individual staff to co-sign for youth leaving the group home, and allow more youth to participate. The Department envisions supervised independent living program as a step toward fully independent living. Proposal calls for a phased program: youth successful in a group home would first live in a home in the community while working or attending school. Youth would receive minimal supervision from part-time houseparents, supported by group home staff. They would eventually move out to a fully independent apartment, with as-needed support services provided by group home staff.

Reasons for Success: (1) A committed staff; (2) clients have pride and motivation to live independently.

Agency: Boys and Girls Aid Society

Program Name(s): Post Residential Treatment Program
Director: Ms. Terry Barnett, Associate Director
Other Contact: Ms. Claudia Johnson, Clinical Supervisor
Street Address: 2301 NW Glisan Street
City State Zip: Portland, Oregon 97210
Telephone: (503) 222-9661

Agency Type: Private non-profit

Program Type: Case management of community-based family or proctor homes

Funding Sources: County of Clackamas (100%)

Communities Served: Clackamas County (urban, rural and suburban)

Referral Sources: Juvenile courts and residential programs

Number Clients: 10 (3 in proctor placements)

Client Profile: Males (80%) and females (20%), 14-19. Clients have at least one adjudicated offense, histories of drug and alcohol dependence or abuse, physical or sexual abuse, and educational and psychological needs. 83% Caucasian, 7% Native American.

Wait for Admission: 2-4 weeks

Average Stay: 4-6 months

Staffing: One part-time case manager works directly with proctor families. Program oversight is responsibility of consortium of professional staff for residential and vocational programs serving or located in Clackamas County (Boys and Girls Aid Society, Parrot Creek Ranch, Youth Adventures, and the Education Training and Business Services (ETBS) program).

Staff/Client Ratio: 1 case manager:10 clients

Philosophy/Goals: Good treatment is provided by balanced team approach incorporating all needed services in one treatment plan and emphasizing accountability by adolescent client and his/her family; alcohol and drug problems are addressed before any other treatment or training begins.

Services Offered: Group, individual and family therapy, day treatment, respite care, foster care; group home or independent apartment placements. Skills training for independent living, leisure time management, and interpersonal relationships; career education, vocational training, job placement and on-the-job supervision.

Intake & Treatment: The treatment team, including case manager and representatives of cooperating agencies, receive referrals from the juvenile courts or residential facilities. Team assigns the candidate a priority based on type of residential program. Team then assigns candidate to his/her own home or proctor

home. Case manager works with family and adolescent to develop treatment resources recommended by treatment team, using services available from represented agencies and others in service system.

Program does not accept adolescents who are physically or sexually dangerous or actively psychotic. Adolescents with drug and/or alcohol problems will address these problems as primary focus of treatment and case management.

Education/School: Regular or special education high school curricula at local public schools or at school located in Boys' and Girls' Aid Society in Portland; may pursue GED and/or vocational/technical credits in a community college.

Vocation/Employment: Education, Training and Business Services (ETBS) program oversees vocational components of treatment plan, linking clients with community-based training opportunities and jobs; case manager and ETBS representative jointly provide job supervision.

Community Liaisons: Proctor families recruited from the community; case management using a community-based treatment plan. Service community committed to working cooperatively at least restrictive level for adolescent.

Parent Involvement: Majority of adolescents live with their own families; case management provides wide array of services according to family needs, to facilitate family accountability--a cornerstone of treatment. Family, group and individual therapy; respite care; information/ education; transition planning; and alcohol/drug treatment provided or brokered by the program.

Proctor families involved in overall planning.

Aftercare/Follow-up: Program provides aftercare for clients moving out of residential facilities; also provides follow-up at one, three, six and twelve months as part of treatment package. Four aftercare options represented among clients leaving the program: foster care, group home, seven-day residential facility, and independent apartment.

Program Evaluation: Evaluated by the state as part of license renewal.

Difficulties: Locating and training proctor families for adolescents with these histories and problems.

Plans and Projects: Seeking funding for more proctor placements and for more training of proctor parents.

Reasons for Success: (1) The networking approach, used by team members who have clinical expertise with adolescents and families; (2) staff training; (3) community support from families and agencies.

Agency: Bridge Over Troubled Waters (The Bridge, Inc.)

Program Name(s): The Bridge House
Director: Barbara Whelan, Executive Director
Other Contact: Daniel Henderson, Bridge House Coordinator
Street Address: 47 West Street
City State Zip: Boston, Massachusetts 02111
Telephone: (617) 423-9575

Agency Type: Private non-profit multiservice

Program Type: Community-based independent living

Funding Sources: The Bridge, Inc., receives funds from: Massachusetts Departments of Drug and Alcohol and Mental Health (30%); United Way (24%); City of Boston (7%); federal government (9%); private fundraising (30%). Bridge House funded entirely by United Way and private fundraising. This strategy allows Bridge House to maintain commitment to open intake for transitional independent living program.

Communities Served: Brighton-Allston area of urban Boston. Sixty percent of youth served from outlying suburbs of Boston.

Referral Sources: Self, family or friend; Bridge's outreach street team and mobile medical van; other agencies

Number Clients: 12 youth at a time; 25-30 per year

Client Profile: 2500-3000 adolescents each year receive comprehensive services from Bridge. Clients of The Bridge House are homeless males (33%) and females (67%), 16 to 18 years old, reliant on shelters for food. Youth from high (22.7%), middle (13.6%) and lower (63.3%) income families; who have run away (50%) or whose families would not allow them to live at home (41%). "Over one-third have been physically or sexually abused by their families and another third have been neglected...25% of the youth had drug or alcohol problems. Almost 80% were school dropouts." (See Evaluation)

One to five percent of referrals are in need of a mental health assessment, due to suicide attempts or hospitalizations. Some young women are mothers of infants who live at Bridge House. Residents are Caucasian (65%), African-American (30%), Latino (4%), Asian (0.5%) and Native American (0.5%).

Wait for Admission: No waiting list.

Average Stay: 6-8 months (designed as a nine-month program)

Staffing: 5 (10 volunteers)

Staff/Client Ratio: 1:3 (4:12)

Philosophy/Goals: Bridge provides the runaway adolescent an alternative to street life if and when he or she is ready. Through individual counseling and groupwork, Bridge House staff seek to replace what is missing in the adolescent's family structure, and to become family from which the youth can successfully emancipate.

Services Offered: Bridge House is one component of Bridge's flexible comprehensive service system. In conjunction with other services, crisis management and support, a place to live, food, clothing, medical/dental intervention, mental health assessment, completion of high school or GED, job training and placement, independent living and social skills training, individual and group counseling, and aftercare/follow-up services are provided.

Bridge, Inc. offers the *Guidebook for Designing and Implementing an Independent Living Residence for Homeless Youth.*

Intake & Treatment: Bridge staff respond to crisis needs of street youth and refer candidates to a Bridge counselor for a series of 3-5 assessment meetings. Based on the assessment, the counselor will refer appropriate candidates to the coordinator of the independent living programs. Coordinator meets with candidate to assess motivation for voluntary program at Bridge House. Admitted candidate moves in and continues individual counseling with Bridge counselor. House staff work with individual counselor to develop treatment plan, that address fifteen separate areas, of which independent living is one. Issues of sexual abuse, sexuality, prostitution, drug and alcohol abuse, depression, and self-esteem may also be a focus of group or individual treatment.

Among requirements of the treatment plan are completion of high school or GED coursework and acquisition of a job within three weeks of admission. Residents are encouraged to volunteer in the community and pursue personal talents; they open savings accounts and pay rent of $15.00-$25.00 per week. The program returns money to residents when they move out.

Bridge considers client motivation crucial, since participation in the program is completely voluntary. Rather than accept an ambivalent or unmotivated candidate into Bridge House, Bridge will continue work with clients on outreach or outclient basis in hopes of improving clients' motivation and admitting them to the program at a later date.

Bridge House will not accept candidates requiring residential drug or alcohol treatment, although it will accept those who require outpatient treatment; youth with mental illness are also not accepted.

Education/School: Preference for clients to complete high school at home school. 30% involved in public high school, vocational/ technical school or community college coursework. Some clients have tuition-free placements at parochial schools. When client is identified as special education student, program staff attend parent conferences and sign the IEP. Some GED coursework provided on-site.

Vocation/Employment: Bridge services include free-standing vocational program in which Bridge House residents 16 or older may participate. May also be involved in vocational/technical training at other facilities in community or through public school system. Major focus of case management effort is career education, job placement and retention.

Community Liaisons: Counselor and house staff help client establish links to resources in community; also troubleshoot in neighborhoods, with schools and with employers.

Parent Involvement: Most parents are estranged from adolescent at time of referral; thrust of the program is emancipation and independence.

Aftercare/Follow-up: Provided as part of overall treatment package at Bridge House and voluntary on client's part. Includes assistance in finding positive living situation after Bridge House, continued counseling, monthly apartment visits, a standing invitation for two supper-and-overnight visits to the house, and access to 24-hour emergency services and street outreach services.

No time limit for aftercare/follow-up services. Residents of Bridge House during first year of operation were tracked an average of 15.9 months after leaving. Of eleven residents surveyed, 81.8% were in stable living situations, 81.8% were working, and 90.9% were continuing or graduated from high school.

Program Evaluation: Bridge has nine program components. Each component conducts its own three-part evaluation: (1) performance on goals and objectives, strengths and weaknesses; (2) statistical performance; (3) performance on goals and objectives for three-year plan. Carole C. Upshur, Ed. D., Research Consultant, compared youth in program for 30 days to non-equivalent control group who received other services from the Bridge or had stayed at the Bridge House less than 30 days.

Her 1986 report concludes that Bridge House "has shown marked success in assisting 16- and 17-year-old runaways and homeless youth to achieve employment, stable living situations and educational progress. While it is less clear how much intra-psychic change accompanies the behavioral changes found, for at least some youth followed for an average of 15.9 months after leaving the program, both behavioral and some intra-psychic changes achieve significance."

Difficulties: Need for consistent private support to continue open intake; Boston rentals are expensive; comprehensive aftercare hampered by lack of affordable longterm housing.

Plans and Projects: To recruit and hire minority staff; open a transitional program for single teenage mothers; and make available six cooperative apartments.

Reasons for Success: (1) Open intake draws motivated kids as voluntary participants; (2) flexible model of comprehensive services; (3) highly committed and experienced staff; (4) model that is reprinted elsewhere.

Agency: Eastern Nebraska Community Office of Mental Health

Program Name(s): Youth and Family Services
Director: William Reay, M.A., Director, Youth and Family Services
Other Contact:
Street Address: 2555 Leavenworth
City State Zip: Omaha, Nebraska 68105
Telephone: (402) 444-6326

Agency Type: Public

Program Type: Multiservice

Funding Sources: Nebraska Departments of Social Services; Public Institutions (Mental Health); and Education

Communities Served: Urban and rural five-county area near Omaha.

Referral Sources: Nebraska Department of Social Services; local school districts

Number Clients: 106

Client Profile: Males (85%) and females (15%), ages 6-19 in residential programs, ages 6-21 in day treatment programs. Youth have behavioral problems of impulse control, noncompliance, aggression; histories of sexual and/or substance abuse, family poverty, and family emotional disturbance. Sixty-five percent served are Caucasian. African-American, Asian and Latino youth make up remaining 35%.

Wait for Admission: Home-based Program: 1-2months; residential: 8-10 months; foster care: 6-7 months; day treatment: 1 year.

Average Stay: Variable by program.

Staffing: 59 full-time; 2 part-time; 3-4 students. Social work, psychology, education, mental health.

Staff/Client Ratio: 1:3 in Residential; 1:4 in Home-based treatment; 1:6 in Day Treatment; 1:6 in Foster Care.

Philosophy/Goals: Keeping kids with families, recognizing short-term residential care may be best option for some families. For kids without families, program seeks least restrictive environment for the child. Home-based interventions are systemic/strategic. Residential programs use learning theory principles; level system provides structure while shaping behavior by use of selective attention and natural consequences.

Services Offered: Home-based Intervention: ninety days of in-home therapy with team. Foster Care: 3-5 hours per week with therapist; Residential (group homes): longer term care using token economy and social learning. Day Treatment: school serving youth with serious emotional disturbances, designated "Level III" by state guidelines. All include therapy components, independent living skills training, leisure management training, and interpersonal relationships skills training. Two residential beds are emergency/crisis beds.

Intake & Treatment: At referral, Department of Social Services sends family-focused social history, placement history, psychological and psychiatric testing, medical information, and required permanency plan. Referral must be to specific service/program that meets requirements of least restrictive environment. Youth and Family Services writes 48-hour treatment plan and begins 30-day home-based evaluation of family and their environment.

This evaluation drives Comprehensive Rehabilitation Plan developed by treatment team; plan represents mutual goals of staff, family members and referral agent. For home-based intervention in which child continues in local school placement, goals for family dynamics are written into IEP.

Education/School: Day Treatment clients attend special education classes onsite. Curricula lead to reintegration into traditional school setting or to GED. Clients in group homes, foster homes or home-based therapy usually attend regular or special education classes in local schools; may receive services through Level III educational program.

Vocation/Employment: Career Education offered as part of public school curriculum and as part of Day Treatment Program educational classes. Vocational training in woodworking available onsite to Day Treatment clients.

Community Liaisons: Teacher and therapist on team are liaisons to students' homes, landlords and schools. Foster home families are recruited from the community.

Parent Involvement: Focus of continuum of services to support family reunification. Parents involved in treatment planning process and signing of the IEP; may also be involved in family therapy and in carrying out home interventions. Some participate in group or individual therapy, organized support groups, or the advisory committee.

Aftercare/Follow-up: Funded as part of treatment package. Less restrictive programs serve as aftercare plans for clients moving out of more restrictive programs. Foster care program is intermediate step for client returning home from residential care; home-based program provides follow-up when client moves home. Department of Social Services may pick up cost of client's residential bed for several weeks post-discharge as a back-up plan for client's departure. For clients of the home-based program, a second ninety days of less intensive service is available as a follow-up plan.

45-50% of children served stay with or return to their families; 35% go to foster family; the remainder are referred to less restrictive group home settings after treatment.

Program Evaluation: Have measured parental attitude and skill readiness.

Difficulties: Teachers within the community need more support to work with youth and to understand family dynamics; mental health programs need marketing expertise.

Plans and Projects: Development of stronger program evaluation; refinement of home-based interventions to assure that clinical information does not become instrument of social control; expansion of parent-professional collaboration; and continuation of efforts to involve the entire community in rehabilitative efforts.

Reasons for Success: (1) Continuity of care permits clients and providers to see subjective and objective success; (2) high morale; (3) good relationships with funding sources; (4) high degree of cooperation among all levels of the program and within school system.

Agency: Fairbanks Community Mental Health

Program Name(s): Alaska Youth Initiative
Director:
Other Contact: Carol Brimer, Program Coordinator; William Watson, Jr., Assistant Program Coordinator
Street Address: Fahrenkamp Center; 1423 Peger Road
City State Zip: Fairbanks, Alaska 99701
Telephone: (907) 452-3077

Agency Type: Private non-profit

Program Type: Mental health center

Funding Sources: Department of Education; Department of Health and Social Services

Communities Served: Small towns, villages

Referral Sources: Public schools, Division of Family and Youth Services, mental health centers

Number Clients: 43

Client Profile: Males (50%); females (50%), ages 14-19. Youth have had numerous failed out-of-home placements and/or are institutionalized; may have histories of runaway behavior and may be actively psychotic. 66% are diagnosed with schizophrenic or other psychotic disorders, 16% conduct disordered, and 16% substance abusing. 50% are dual diagnosed: conduct disorder with borderline personality or schizophrenic with borderline personality. Eighty-three percent are Caucasian; 16% are Native American.

Wait for Admission: No waiting list

Average Stay: No data available yet; new program.

Staffing: 6 full-time, 3 part-time. Social work, psychology, nursing and education.

Staff/Client Ratio: 1.5:1

Philosophy/Goals: Alaska Youth Initiative began as a deinstitutionalization program to provide care that is individualized, normalized and unconditional. Programs and treatment plans are based on individual needs. Good treatment is the product of a flexible team approach that emphasizes behavioral techniques, intensive monitoring and supervision, psychotherapy, and teaching family principles.

Services Offered: Outpatient counseling; day treatment; therapeutic foster homes; small group homes, and independent apartments with 24-hour to minimal supervision.

Intake & Treatment: Initiative works with representatives of agencies in community and with other people who have had significant contact with the adolescent to determine his/her individual needs and goals for treatment; adolescent may be included in meetings. Weekly staffings and flexible approach allow the continuous re-evaluation of the treatment plan. Youth live in small group homes, therapeutic foster homes, or apartments with individualized supervision component; treatment includes skills training for independent living, interpersonal relationships and leisure management.

Education/School: Youth attend special education classes in local public schools.

Vocation/Employment: Career education and vocational training off-site; youth 15 or older may participate. A 'one on one' program on-site that utilizes a job coach for two programs. One is a janitorial crew that performs on-site cleaning; other is 'rag company' that recycles clothing and rags and distributes to businesses.

Community Liaisons: Case management is the heart of treatment. Liaison work with contacts and agency representatives in community begins at referral. Throughout treatment, case manager coordinates responses to crisis, gathers information, facilitates decision-making by the treatment team, and functions as conduit for information linking all individuals and agencies involved with the adolescent: parents, teachers, family members, therapists. Staff members are involved in community awareness presentations on behalf of program and of youth with emotional disturbance.

Parent Involvement: Parents or surrogates are part of treatment team. Direct-care staff maintain consistent contact with parents, who have access to state-level coordinator. They are also involved in informal program evaluation, and in advocacy efforts.

Aftercare/Follow-up: No formal follow-up component to this program. 40% of youth continue in group homes after discharge; remainder return to natural family (20%), or continue in supervised apartment (20%) or independent apartment (20%). Program follows youth to age 22.

Program Evaluation: No formal component.

Difficulties: None Noted.

Plans and Projects: None Noted.

Reasons for Success: Treatment team approach provides flexibility.

Agency: Hope Center for Youth

Program Name(s): Supervised Independent Apartment Living Program
Director: Lewis C. Rhone, M.A., Licensed Child Care Administrator
Other Contact: Ross Galizio, B.A., Family Youth Worker; Sheila Mayes, MSW, Assistant Director
Street Address: 3118 San Jacinto
City State Zip: Houston, Texas 77004
Telephone: (713) 521-2304

Agency Type: Private non-profit

Program Type: Supervised independent apartment living

Funding Sources: State dollars (55%); agency contracts and parent fees (45%)

Communities Served: State-wide referrals; seventy percent from Houston area.

Referral Sources: Texas Youth Commission (Juvenile Justice); Children's Protective Services; Juvenile Probation; parents, schools and mental health providers.

Number Clients: Capacity of 20 (10 boys, 10 girls); 10-15 in aftercare

Client Profile: Males (50%) and females (50%), ages 16-17. Clients are school dropouts with histories of family problems, abandonment issues, legal problems and poorly developed skills for daily living and little preparation for a positive future. 33% are Caucasian, 33% African-American, and 33% Latino.

Wait for Admission: Weeks

Average Stay: 4-6 months

Staffing: 9 full-time; 8 part-time relief workers; 1 student intern; 1 volunteer.

Staff/Client Ratio: 1:5 in apartments at capacity

Philosophy/Goals: Use of reality-therapy for daily problem-solving. Staff works with inappropriate behaviors, but emphasis is on teaching new skills and having residents experience natural consequences of behaviors. Overall focus is on preparation for the future.

Services Offered: Skills training for job hunting, budgeting, use of community resources; assistance in finding housing; career education; vocational training, job placement and on-the-job supervision; aftercare status.

Intake & Treatment: Program undertakes review of psychological, social and placement history. Candidate participates in intake interview. Program is voluntary--the program and the candidate essentially accept one another. Formal contract to work together drives treatment. Program does not accept youth who are addicted, actively psychotic, or requiring 24-hour medical supervision.

Participants must have consent of parents or other legal conservator to participate; guardian must agree to be involved in treatment process. Program focuses on preparing for independent living after residential care or other treatment settings. Participants live in small apartment complex in central Houston, convenient to community facilities, bus lines and job sites. Counselors live on-site and are available on a 24-hour basis.

Apartment living simulates real life conditions and teaches living skills. Residents have three options: school and part-time work, full-time work and GED tutoring, or full-time work.

Logical consequences of behavior emphasized; level system provides framework for meeting specific expectations related to work, budget, activity in the community and personal behavior. Privileges and responsibilities are attached to status on level system. Family involvement is encouraged; program staff are available for family counseling.

Education/School: Public high school, community college or vocational/technical school. GED tutoring available on-site. Residents must include school component in overall program.

Vocation/Employment: Residents are required to get a job to move from Level I to Level II, and work part-time if attending high school, vocational/technical or community college classes. Residents without work must be job-hunting or pursuing specific activities that support employability, and maintain logs or other accounts of their activity. Youth in vocational training attend programs off-site in clerical, automotive, retail, food, warehouse, shipping and other occupations.

Community Liaisons: This community-based program is deliberately located in mixed residential/commercial district of downtown Houston and enjoys good relationships with referring and sponsoring agencies and with employers and businesses in the area.

Parent Involvement: Many youth are no longer in parents' legal custody. Parents who are legal guardians must consent to child's placement in the program, and make a commitment to treatment. Family counseling and other referred services are available to parents and guardians.

Aftercare/Follow-up: Six months' informal aftercare includes period of thirty days during which his/her bed stays open.

Program Evaluation: New evaluation design in progress.

Difficulties: More resources needed for appropriate recreation; difficulty encountered by 17-year-olds in signing leases; lack of similar services for young adults 18 and older.

Plans and Projects: Plans for specialized aftercare provider and job developer/scholarship finder; expansion of vocational training; improve facilities.

Reasons for Success: (1) Centralized location; (2) longstanding and positive relationships with the community; (3) service is in demand; and, (4) program design is reality-based and effectively approximates real living arrangements.

Agency: Janis Youth Programs

Program Name(s): Mental Health Program
Director: Dennis Morrow, Executive Director
Other Contact: Allan Weisbard, Program Manager
Street Address: 738 NE Davis
City State Zip: Portland, Oregon 97232
Telephone: (503) 233-6090

Agency Type: Private non-profit

Program Type: Three group homes

Funding Sources: Oregon Children's Services Division (94%); United Way (6%)

Communities Served: Statewide

Referral Sources: Oregon Children's Services Division

Number Clients: Licensed for 16; 5 per home

Client Profile: Males (50%) and females (50%), ages 14-18. Youth have prior hospitalizations and manifest psychotic episodes or borderline features; some are victims and/or perpetrators of sexual abuse; behavior may be disruptive or withdrawn. 80% of youth served are Caucasian; 5% Asian; 5% African-American; 5% Latino; 5% Native American.

Wait for Admission: 4 months

Average Stay: 15 months (range: 9-24 months)

Staffing: 3.5 line staff + 1.0 supervisor per home; 4.0 staff (program manager, recreation/jobs counselor, school counselor and school transition worker) serve all three homes.

Staff/Client Ratio: 1.5:5

Philosophy/Goals: Emphasis on seeing each adolescent as unique. Treatment is developmentally focused and identifies specific areas of need and ability to grow toward living independently in the community. Milieu is considered site of treatment, which is purposeful, goal-oriented and active. Treatment avoids strong behavioral structures, believes such structures are unlikely to exist for child after treatment. Behavioral methods may be used to help group member transition into the home from behavioral treatment program.

Services Offered: Seven-day residential treatment in group-home settings; milieu therapy; academics; group, individual and family counseling; skill training for independent living, interpersonal relationships and leisure management; career education, vocational training, job placement and on-the-job supervision.

Intake & Treatment: Children's Services Division (CSD) makes a residential care referral. Program screens basic referral material to see if candidate meets criteria for admission. Youth with histories of severe drug use, multiple runaways, assault, or firesetting are not accepted, nor are mentally retarded youth. Youth who have perpetrated sexual abuse undergo additional screening to assess the risk they present to community.

If candidate meets program criteria, Janis notifies CSD regarding openings. The candidate visits the home with parents, CSD worker, and representative from his/her current placement. Candidates spend five-day trial visit during which the program, family and youth assess their "fit." For adolescents entering program after five-day visit, a treatment team draws up temporary treatment plan and candidate begins eight-week assessment period. Assessment culminates in comprehensive report that drives the treatment team's multidisciplinary treatment plan; treatment plan is refined two weeks after end of assessment period and updated at shift-change meetings (2-3 times weekly), quarterly reviews, or as needed.

Six components of treatment include: the home, recreation, vocation, education, individual and group therapy and the family program. Services in these six areas are coordinated by residential supervisors, who function as case managers for the adolescents and provide individual and family therapy. Home program focuses on the milieu as the predominant treatment modality, teaching self-monitoring and positive peer and adult relationship skills. Treatment plans also include youth in community-based recreation as vehicle for learning appropriate community behavior, personal interests, and management of leisure time.

Education/School: Youth attend local public schools whenever possible, for regular or special education. Janis does not intervene in school unless adolescent's problems impinge on his/her performance or behavior there. Youth unable to attend public school, go to Clinton Alternative School, on a separate site. Clinton has four self-contained special education classrooms, with options for mainstreaming; credits toward high school diploma or GED available through Clinton.

School Transition Worker acts as liaison to public schools and provides support to both school personnel and adolescents.

Vocation/Employment: All youth participate in on-site summer jobs and the skills program that accompanies them; some may participate in vocational/ technical training in community.

Community Liaisons: Three group homes are in separate residential areas within Portland metropolitan area. The recreation/jobs counselor, school counselor, and school transition worker connect youth in the program with needed resources for recreation, work or vocational training, and education.

The Executive Director of the agency is involved in child and youth advocacy efforts statewide.

Parent Involvement: Parents may be involved in family therapy, treatment planning, transition planning, information, education and case management. Case management effort includes referral to other resources within the community, such as support groups, individual therapy, etc. Parents of youth in special education are involved in the IEP process as well.

Parents participate via questionnaire in biennial evaluation (See Program Evaluation).

Aftercare/Follow-up: Aftercare and follow-up services are the responsibility of Children's Services Division. 35% of youth return to their families; 10% go to foster homes; 20% go to another group home or seven-day residential program; 25% move to independent apartments; and, 20% to Job Corps or the military.

Program Evaluation: Every two years through the certification process of a consortium of day and residential treatment centers.

Difficulties: The funding method forces vacant beds to be filled immediately and limits the number of nights an adolescent can be away on visits when transitioning to an aftercare placement. The demands of the program and the cost of follow-up services prevent staff from providing them.

Plans and Projects: Plans to develop aftercare and follow-up; increase staff; locate resources for emergency hospitalization of uninsured youth.

Reasons for Success: (1) Dedicated staff; (2) five adolescents per home; and, (3) program is both physically and psychologically based in the community.

Agency: Kaleidoscope, Inc.

Program Name(s): Youth Development Program
Director: Karl Dennis, Executive Director, Kaleidoscope-Chicago; Jim Smith, Executive Director, Kaleidoscope-Bloomington
Other Contact:
Street Address: 1279 North Milwaukee Avenue; Suite 250
City State Zip: Chicago, Illinois 60622
Telephone: (312) 278-7200

Agency Type: Private non-profit

Program Type: Scattered-site independent apartment living in Chicago and Bloomington, Illinois

Funding Sources: State of Illinois, Department of Children and Family Services (97%); foundation grants (3%)

Communities Served: Chicago and Bloomington

Referral Sources: Department of Children and Family Services (DCFS)

Number Clients: 45 in Chicago; 4 in Bloomington

Client Profile: Males (60%) and females (40%), ages 16-20. Most youth served are 18 or 19 with an average of 11 previous child welfare placements. Most have no ties to biological families. Youth are severely delayed in school, have had frequent run-ins with the law, are often drug/alcohol involved, and manifest extremely low self-esteem. Many are functionally illiterate and lack the skills for gaining or maintaining jobs. Thirty-three percent of youth served are Caucasian; 56% are African-American; 12% are Latino.

Wait for Admission: No waiting list.

Average Stay: 18 months

Staffing: 16 full-time in Chicago, representing social work and professional youth care.

Staff/Client Ratio: 1:3

Philosophy/Goals: Kaleidoscope committed to serving children regardless of the severity of their behavior problems, emotional disorders or handicaps. Agency believes that family life is best kind of child care, that experience of family and community should not be denied any child or adolescent, and that residential care should replicate normal family life as best it can. The goal is to help children, youth and families live as normally and as self-sufficiently as possible.

The Bloomington program is a transition program assisting youth who have "graduated" from group home or foster care. The Chicago Youth Development Program began not as a transition program for graduates of residential treatment, but as default program for youth who failed to adjust to any other care setting. Service goals are to stabilize client behavior, teach the client to live on his/her own in the community, help the client become as self-supporting as possible, and keep the client out of institutions.

Services Offered: An apartment in the community; formal supervision; case management services; individual and group therapy; 24-hour crisis services; educational, vocational and recreational planning (including job placement); sheltered workshop; sex and drug education; health care; skills training for independent living; community advocacy and liaison work.

Intake & Treatment: Candidates are referred by DCFS. Treatment planning begins at admission, with careful assessment of youth's strengths and weaknesses. Treatment planning conferences occur every six months; the plan is updated at least once each month. Treatment team staff plan treatment with other agencies or the courts, and participate in DCFS administrative reviews.

Client lives alone in an apartment in a residential area. In Chicago, two treatment teams of three youth workers and two social workers serve 20 youth, providing direct supervision and treatment, clinical consultation, and collateral services. Teams are supported by a physician, nurse, and specialists in therapeutic recreation, housing and job development. In Bloomington, two youth workers are supported by social workers, a nurse and a job developer.

Client has 10 hours' direct staff contact each month, including at least four apartment visits. In addition, client comes to agency weekly to pick up an allowance, meet with staff and participate in a structured group.

Education/School: Clients encouraged to work on GED during off-work hours.

Vocation/Employment: Youth with work skills receive job-seeking assistance. Most need pre-employment skills and training. In Bloomington, the Job Training Partnership Act (JTPA) program meets this need. Chicago agency co-sponsors a sheltered workshop with three other area agencies for pre-employment training.

Community Liaisons: 40% of youth workers' time devoted to contact with schools, educational resources, employers and job training programs, courts, community-based clinical professionals, and the Department of Public Aid. Agency officials advocate at state level for better public policy, and locally, for better programs.

Parent Involvement: For majority of youth, ties with natural families have long been severed. For the few with ties to family, the program helps the adolescent find ways to use the family as a resource, and to develop appropriate interdependence.

Aftercare/Follow-up: Informal aftercare; no funding for aftercare or follow-up services. 50% of participants maintain independent apartments after program completion.

Program Evaluation: No formal evaluation component.

Difficulties: No funding for aftercare; more resources for training and employment. Affordable housing is scarce; lack of a national comprehensive policy for protection and guardianship of all children; fragmented advocacy efforts.

Plans and Projects: Plans to teach conflict resolution skills to clients and to establish a goal-setting process for the program; develop an aftercare program, and conduct a formal evaluation.

Reasons for Success: (1) High quality youth workers with a commitment to the agency and to kids; (2) ability to negotiate with the state for special services for individual youth; and, (3) agency philosophy that allows the program to act as an extended family for participants.

Agency: New Life Youth Services

Program Name(s): Independent Living Program
Director: Mark Kroner, Program Director
Other Contact:
Street Address: 6128 Madison Road
City State Zip: Cincinnati, Ohio 45227
Telephone: (513) 561-6946

Agency Type: Private non-profit

Program Type: Community-based individual apartments

Funding Sources: Departments of Human Services and Youth Services (80%); United Way (15%); private donations (5%).

Communities Served: Urban

Referral Sources: Department of Human Services (youth in foster care, residential treatment); Department of Youth Services (youth in correctional system)

Number Clients: Average per day: 19 youth; total: 46 kids per year.

Client Profile: Male (50%) and female (50%), ages 16 1/2 to 19. Clients have no suitable living situation available, no possibility of familial support, need knowledge and skills for independence. Clients sponsored by the Department of Human Services, the Department of Youth Services, Catholic Social Services or the Juvenile Court system. Fifty percent African-American; 50% Caucasian.

Wait for Admission: 2-3 weeks

Average Stay: 8.5 months

Staffing: 4 full-time; 1 part-time; social work, psychology, sociology and criminology.

Staff/Client Ratio: Caseload: 11 clients

Philosophy/Goals: Best way to learn independent living skills is through experience; therefore, program is task-oriented and skill-oriented.

Services Offered: Life skills training, job readiness, job placement, guidance and counseling, financial support, housing, semi-supervised apartment living, general case management.

Intake & Treatment: The Independent Living Program Screening Form is used to assess the candidate in sixteen different areas; candidate also takes a 47-item Skills Assessment.

Once accepted, client and case manager/social worker look for suitable apartment. Program provides rent, utilities, phone, furniture and other basics. Clients earn a basic allowance every week. Using skills taught in the program, they budget allowance to cover food, transportation and miscellaneous expenses. Client also establishes and maintains a savings account. Social workers provide case management and supervision, visiting clients two times weekly in the apartment and once weekly in program office.

Client and case manager develop a plan for independence, which client is responsible for implementing. Daily activity log is reviewed weekly with case manager to help focus client and keep him/her accountable.

Participants expected to spend 20 hours each week in school, training or paid/volunteer work.

At heart of progam is Life Skills Training, including 12 individual and 12 group training sessions which take place at client's apartment with case manager. Sessions focus on personal budgeting, cooking, sexuality, personal assessment and termination planning. Group sessions at program office cover topics like community laws and resources, attitudes toward work, personal mental health, sexual responsibility and parenting, and job interviewing.

Participants must meet requirements for attendance and behavior during sessions and complete tests on-site. For meeting these requirements, youth earn $25.00 per session, or up to $600.00. Funds are maintained in a program savings account and disbursed to the youth in three to four payments at termination. One payment is contingent on proof of paid work and a weekly income of at least $100.00.

Education/School: Youths attend special education programs in community high schools or GED programs or Occupational Work or Job Training and Partnership Act school programs; some are high school or GED graduates.

Vocation/Employment: Case manager may link clients with public or private vocational services. Program staff assist with job retention or job searching.

Eighty-five percent of clients find work while in the program.

Community Liaisons: Staff advocate with landlords as needed. The Board and Executive Director advocate on behalf of program and youth in need.

Parent Involvement: For most, parents are no longer resources to clients; they may be involved as they are able or willing.

Aftercare/Follow-up: No formal aftercare/follow-up component, although considered an aftercare program by referring agencies. Clients may stay in apartment secured by the program and keep the furnishings, as part of discharge plan; 35% of participants choose this option. Many clients maintain informal connection, using offices as a drop-in source of support.

Program Evaluation: Client fills out a 10-item program evaluation at discharge.

Difficulties: Bureaucratic red tape associated with existing low-income housing prevents access to this plentiful resource; lack of a service that specializes in assisting hard-to-employ youth; scarcity of special support to help clients get and keep jobs.

Plans and Projects: Want to match clients with roommates who would be role-models; plans to redesign the first month of program for clients from correctional facilities.

Reasons for Success: (1) Well-trained and experienced staff; (2) strong administrative support; (3) cooperative relationships with referring agencies; (4) availability of jobs and affordable housing; (5) clients with high expectations; (6) frequent, consistent monitoring of client progress; (7) rules and policies clearly defined; (8) structured training with financial incentives; (9) responsibility placed on clients to solve problems; (10) overall flexibility and individual planning; and, (11) attentiveness to feedback from the clients themselves.

Agency: Outside In

Program Name(s): Ninety-Day Transition
Director: Kathy Oliver, Director
Other Contact: Barbara Sussex, Coordinator of Youth Programs
Street Address: 1236 SW Salmon
City State Zip: Portland, Oregon 97205
Telephone: (503) 223-4121

Agency Type: Private non-profit

Program Type: Community-based care for street youth

Funding Sources: State of Oregon Homeless Funds (79%); city and county funds (15%); foundations and donations (6%).

Communities Served: Urban Portland

Referral Sources: Self-referral; friends; youth agencies/shelters

Number Clients: 10 at any one time; 60 per year

Client Profile: Males (63%) and females (37%), ages 17-20. Youth are homeless, drug/alcohol involved, medically needy and victims of physical and/or sexual abuse. They have anger management problems and are at risk to act out violently. Eighty-five percent are Caucasian, 8% African-American, 3% Latino, 3% Asian and 1% Native American.

Wait for Admission: 1-3 months.

Average Stay: 70 days; 90 days maximum by funding statutes

Staffing: 2.5 full-time; social work.

Staff/Client Ratio: 1:5

Philosophy/Goals: A client-driven treatment program for indigent youth using object relations theory, ACOA approaches, alcohol/drug treatment. Voluntary program emphasizes youth's responsibility for decision-making and personal choice. Provides experience of safety, trust and nurturance; transitions clients from street life to independent living with employment.

Services Offered: Outpatient counseling and mental health treatment; independent apartments; skills training for independent living, leisure time management, interpersonal relationships; career education and vocational training; medical services; alcohol and drug groups; employment program; aftercare and follow-up services.

Intake & Treatment: Intake includes formal assessment, psychosocial history, mental status exam, and a review of history of institutionalization if appropriate.

Ninety days of treatment provides shelter, food and personal support and intensive case management for: medical/dental attention, housing, work or training, alcohol/drug treatment, and psychological help. Emphasis during treatment is on future-orientation and relationships.

Education/School: Clients may pursue GED credits off-site. Some literacy training is available on-site.

Vocation/Employment: Job readiness classes and assessment on- and off-site.

Community Liaisons: Case managers act as therapists, service brokers and advocates for clients, working with community resources to obtain services (including education, training, medical, housing, mental health or other treatment needs, or financial support.)

Parent Involvement: Not applicable.

Aftercare/Follow-up: 35% are discharged to independent apartments and jobs; 20% are working and living with family; 10% enter Job Training programs. Aftercare and follow-up are not funded; stay is limited to 90 days.

Program Evaluation: No formal evaluation.

Difficulties: Many more youth require services than staff or funding can serve. No funding for aftercare and follow-up for expanded basic services; scarcity of job training programs and of funds to support youth trying to complete GED or JOBS training; no specialized free drug/alcohol treatment for street kids.

Plans and Projects: Extend service contract beyond 90 days; build in formal follow-up component; and secure sources of financial assistance for youth attempting to live independently.

Reasons for Success: (1) Emphasis on fostering an experience of safety, trust and nurturance for the client; (2) voluntary nature of the program; (3) avoidance of diagnostic or other labels; and, (4) offering respect to the youth.

Agency: Syntaxis

Program Name(s): Syntaxis
Director: Reverend Alan M. Sprenger, M.A., Executive Director
Other Contact: Joseph V. Friend, M.S., Associate Director
Street Address: 5435 Morse Road
City State Zip: Gahanna, Ohio 43230
Telephone: (614) 855-1224

Agency Type: Private non-profit

Program Type: Six community-based group homes

Funding Sources: Per diem contracts with referring agencies (99%); rents, donations and grants (1%)

Communities Served: Referrals are statewide, primarily from urban Franklin County, Ohio.

Referral Sources: Franklin County Children's Services (child welfare); Ohio Department of Youth Services (corrections); Ohio County Children's Services Boards.

Number Clients: Group home capacity--10; 54 being served.

Client Profile: Males (81%) and females (19%), ages 13-18. Clients in custody of state child welfare, juvenile corrections or other agencies. Youth exhibit emotional disturbance: low self-esteem, school failure, rejection by family, lack of responsibility to self and others, inability to handle failure or success, inability to delay gratification, interpersonal aggressiveness or hostility inconsistency. 12-20% are African-American, Asian or Native American.

Wait for Admission: Variable

Average Stay: 2-24 months; average 9 months

Staffing: 32 full-time; 1 part-time. Social work, psychology, education, business school administration and business.

Staff/Client Ratio: 2:10 per household.

Philosophy/Goals: Program guided by psychiatric principles of Reality Therapy, which emphasize importance of relationship between counselor and youth and focus on current behavior. Individualized treatment emphasizes a commitment to responsible behavior; importance of past behaviors and relationships is minimized. Interaction with the total community, supported by staff who demand accurate self-evaluation and reinforce positive behavior, provides situations from which adolescent affects and controls his/her behavior.

Services Offered: Six scattered-site community-based group homes; skills training for independent living, interpersonal relationships, and leisure management; group and individual counseling; career education; vocational training; on-site tutoring; facilitation of job placement.

Intake & Treatment: Admission request from referring agency includes social summary, school report, psychological and physical examinations, and behavioral statements emphasizing candidate's current behavior. Accepted candidates visit a designated group home and undergo a pre-placement interview. Initial treatment plan emphasizes goals identified at referral and during visit and admissions interviews. Plan revised in 30 days to take into account resident's behavior in program and assessment of educational and/or vocational needs.

Unable to provide adequately for severely retarded adolescents, physically disabled adolescents whose limitations separate him/her from the group more than 20% of the time, or hard-core drug-abusing adolescent; referred to more appropriate programs.

Adolescent in program of psychiatric or mental health treatment outside Syntaxis will be gradually terminated from treatment to focus on principles and demands of reality therapy.

Youth is full member of his/her treatment team. During first week of treatment, adolescents work with the counselors to review job market and set goals for school behavior. Individualized treatment plan focuses on current ability level and potential for progress.

Staff maximize learning available from situations and natural consequences encountered in environment; interactions with residents reinforce positive personal decision-making and clarify alternatives and areas of control in negative situations. Individual counseling, group experiences and directed living experiences build basis from which resident learns how to resolve conflict and develop self-discipline.

Education/School: Staff work with public schools to develop an educational treatment plan for the adolescent; plan includes IEP for youth eligible for special education. Program identifies the least restrictive educational placement. Education component is usually combined with working in Occupational Work Experience Program. Residents without skills or motivation to succeed in such placements receive specialized Chapter One tutoring for GED and training at Syntaxis' industrial arts shop.

Vocation/Employment: Vocational education and training are part of the total educational plan. Job skills, placement and retention are central focus of individualized treatment plan. Counseling staff provide one-to-one assistance in filling out applications, interviewing, self-presentation, and workplace etiquette. Some residents work on-site under supervision of counselor and receive allowance for completing chores. Emphasis on skill and responsibility prepares resident for challenge of an outside job.

Residents with better skills for independent decisionmaking work in community-based apprenticeships sponsored by corporations and unions.

Community Liaisons: Program is totally community-based, with mortgages on its homes and on industrial arts center. Residents attend neighborhood schools and spend work and leave time in community.

Syntaxis is result of support and guidance of a group of business, professional and civic leaders who recognized need for constructive emancipation of older adolescents. It is enthusiastically supported by child-caring agencies and professionals throughout the state. Members of its board of trustees include a referee of the county municipal court, domestic relations court judge, former county sheriff, and three officers of the local police department.

Parent Involvement: Few parents are available to support treatment; those who can are involved in transition and treatment planning.

Aftercare/Follow-up: No formal component of aftercare or follow-up; youth may rely on program staff when they need help or guidance.

Program Evaluation: Inspected annually by licensing agent, the Department of Human Resources.

Difficulties: Cash flow problems; scarcity of supported living situations after discharge, especially for clients who are mentally ill or mentally retarded.

Plans and Projects: Plans to hire clerical staff to free clinicians from paperwork.

Reasons for Success: (1) Longstanding commitment to and refinement of reality therapy approach; (2) small-group program design.

Agency: Three Rivers Youth

Program Name(s): Three Rivers Youth
Director: Ruth Richardson, Executive Director
Other Contact:
Street Address: 2039 Termon Avenue
City State Zip: Pittsburgh, Pennsylvania 15212
Telephone: (412) 766-2215

Agency Type: Private non-profit

Program Type: Continuum of care, from emergency shelter to residential to community-based job training and semi-independent living.

Funding Sources: Purchase-of-service contracts with states of Pennsylvania, Ohio and New York and with counties of Allegheny and surrounding counties in Pennsylvania; United Way; federal Job Training and Partnership Act.

Communities Served: Urban areas of Pittsburgh

Referral Sources: For residential programs: county branches of Department of Children and Youth Services; juvenile courts and mental health system. For other programs: public schools, churches, parents, doctors and youth.

Number Clients: Average daily population: 124 in all programs

Client Profile: Males (31%) and females (69%), with histories of physical or sexual abuse, parental neglect or abandonment, failed substitute care placements, hospitalizations, mental health intervention, school refusal and/or school behavioral and academic problems, alcohol or drug abuse, and aggressive or violent behavior. Histories may include truancy, suicidal behavior, poor interpersonal relationships, pregnancy, delinquent behavior. 36% are Special Education documented; 91% have psychiatric diagnoses. 63% of youth served are African-American, 36% Caucasian, and 1% Latino.

Wait for Admission: From 1-2 weeks for runaway program; 1-4 months for group homes.

Average Stay: 9-12 months for residential care

Staffing: 72 full-time; 20 part-time on-call relief; 3-4 students; 3-4 volunteers.

Staff/Client Ratio: From 12:10 in the Intensive Treatment Unit to 8:20 in the Alternative Education and Vocational Program.

Philosophy/Goals: "Our motto is T-R-Y. We believe in screening kids in, not out, and in persistence, caring and firmness." Team approach to treatment, based on three principles of family systems theory: (1) the natural family is the most important formative influence in a child's development, and adolescents can only be understood in the context of family history; (2) adolescents reflect both individual and family dynamics; (3) family dynamics are projected on all other

systems involving adolescents; projections must be recognized and skillfully dealt with.

Services Offered: Group Homes: 24-hour care; educational and vocational assessment, placement, tutoring and advocacy; individual, group and family treatment; linkages with community-based services as needed. For youth 17 years old, vocational readiness and other preparation for independent living. For young women, there is a semi-independent apartment living program.

Intensive Treatment Unit (ITU): highly structured, staff-secure, high-impact environment for behavioral control and stabilization; in-house educational program; extensive vocational/educational assessment.

Teen Parent Program: residential services for mothers and their children; parenting training; preparation for independent living and parenting.

Alternative Educational/Vocational Program (AEVP): phased educational program of educational/vocational assessment, job readiness counseling and preparation; remedial education, supervised on-the-job training, job placement; and intensive individual and group work toward adaptive behavioral and vocational goals.

Youth Center for Therapeutic Services (YCTS): intensive, structured program of individual, group and/or family outpatient treatment for youth with psychiatric problems.

Day Treatment Program: structured day and evening programs of individual, group and activity therapy; family and school outreach; educational and vocational support.

The Loft Runaway/Homeless Shelter: temporary shelter; crisis counseling; resource linkage.

Intake & Treatment: After review of social, family, educational and placement history (including hospitalizations), team conducts individualized intake assessment with client and family. Pre-placement assessment follows. Candidate spends from one half-day to overnight in residential program. Two assessments focus on current needs and problems and drive the treatment planning process, in which adolescent participates. Treatment plan is reviewed and updated at regular staffings throughout course of treatment.

Three Rivers provides comprehensive system of services, meeting needs of clients for more or less restrictive treatment environments. ITU serves as crisis backup to less restrictive residential programs as well as the first phase of a system of progressively less restrictive residential care. The Behavior Management System is central--a level system of performance-based progress, privileges and responsibilities. At the least restrictive levels, young women are eligible for apartment living, in which they earn the privilege of the Scrip-Living System; scrip assists emancipating women to live within a budget based on likely income at time of graduation.

Education/School: Educational assessment is integral part of each level of service. Agency runs its own self-contained special education program in the Intensive Treatment Unit; also has GED program within the Alternative Educational/ Vocational Program.

On-site programs offer credits toward a high school diploma, the GED or vocational/technical certification. At many levels of service, clients of the agency may be involved in regular, special education, vocational or GED classes at public, private or vocational/technical schools or community colleges.

Vocation/Employment: Vocational assessment is integral part of services. The AEVP provides individualized assessments of interests and aptitudes, on which linkages to on- or off-site training and job placements are based. Also provides phased program from basic job readiness skills to supervised training to job placement and skill-based support for job retention.

Community Liaisons: Liaison work is responsibility of all staff and team members. Community-based and agency-based resources are written into treatment plans, with input of community services staff.

The vocational program is based on liaison with community employers who provide on-the-job training to vocational clients. Members of the board of directors are directly involved in developing and retaining connections between the agency and the community.

Three Rivers is a member of several children's advocacy groups, and considered a leader in local advocacy effort. The Executive Director is active on boards and councils nationally and locally.

Parent Involvement: For most youth, families are no longer a reliable resource; agency encourages involvement and participation of families who wish it. Staff have offered therapy and support groups for parents; family therapy is available. Parents of Day Treatment youth participate in developing and implementing the treatment plan. Some parents of youth in Alternative Education and Vocation Program are informally involved in planning.

Aftercare/Follow-up: Mothers and children in the Teen Parent Program receive intensive follow-up for six months after transition to independent living. Programs at Youth Center may serve aftercare needs of clients graduating from Day Treatment. Contacts with former clients maintained informally through Alumni Club and the Youth Advisory Board (on which two alumni serve). Board member created a mentor program that pairs community residents with young women transitioning to independent living.

Program Evaluation: Evaluations in progress, using data collected by the program.

Difficulties: Increase in paperwork is a drain on direct-service time; accountability systems sometimes squelch creativity and hinder independence.

Plans and Projects: Fundraiser to underwrite improved Day Treatment facilities and a new staffing pattern.

Reasons for Success: (1) Committed, high quality staff; (2) treatment philosophy of "T-R-Y"; and, (3) inclusion of the client as participant in his/her own treatment.

Agency: Tri-County Youth Programs, Inc.

Program Name(s): Hill Adolescent Center; Foster Care Program; SPARK Therapeutic Foster Care Program; NEXUS Specialized Foster Care Program; Alternative Living for Youth (ALY); Day Treatment Program; After Care Services; Consultation and Training Services
Director: Hal Gibber, Executive Director
Other Contact: Sebern Fisher, Clinical Supervisor
Street Address: 16 Armory Street
City State Zip: Northhampton, Massachusetts 01060
Telephone: (413) 586-6210

Agency Type: Private non-profit

Program Type: A multiple service agency administering residential treatment facilities and intensive foster care for emotionally disturbed youth, foster care for court-involved youth, and schools that serve both emotionally disturbed and court-involved youth.

Funding Sources: Massachusetts Departments of Mental Health; Youth Services; and Social Services (79%), local education agencies (21%).

Communities Served: Urban, suburban and rural Massachusetts

Referral Sources: Massachusetts Departments of Mental Health, Youth Services, and Social Services

Number Clients: 20 in residence; 12 in day treatment; 50 in foster care.

Client Profile: Males (66%) and females (34%), ages 12-21. Youth are diagnosed as bipolar, schizophrenic, conduct disordered and borderline personality disordered. They are typically violent to self or others and without internal controls. 60% are Caucasian; 30% African-American; and 10% Latino.

Wait for Admission: No waiting list

Average Stay: 1-2 years in foster care; 2 1/2 in residential.

Staffing: 90 full-time; 4 part-time; 10 students; 20 volunteers. Social work, psychology, nursing, education, vocational counseling and movement therapy.

Staff/Client Ratio: 1:2 in residential (1:3 at night)

Philosophy/Goals: Hill Adolescent Center serves adolescents in community-based settings. Treatment model acknowledges both strengths and unmet relationship needs of youth. Symptomatic behavior is seen as adaptive to damaging childhood environments, inhibiting meaningful relationships with adults or peers, at work, in school or at home. Re-education and reparenting approaches acknowledge that biological predisposition, failures in nurturance, and physical and emotional trauma may all be factors in problems of adjustment; this emphasizes building, maintenance and support of healthy relationships.

Services Offered: Highly individualized treatment planning; phased discharge; long term therapy; community vocational experiences; skill training for independent daily living and interpersonal relationships; supervised apartment living; and apprenticeship and competitive job placement.

Intake & Treatment: Hill Adolescent Center provides 24-hour, long term residential care for youth with severe emotional disturbances. Center has a "no-rejection" contract with sponsoring agencies; cannot serve youth who show clear evidence of sociopathy, are sex offenders or mentally retarded, or could benefit from less restrictive environment.

Hill uses its own Data Gathering/Assessment Device to collect information on the client over a 6-8 week assessment period. Representatives from each treatment component-- residential milieu, school, individual therapy--use this device. The information collected, including the discrepancies among environments, drives the individualized treatment plan.

Foster Care programs provide community-based foster care. Four different models emphasize re-education and reparenting and use network of trained professionals to help youth experiencing varied levels of psychological distress. The SPARK Foster Care program, for instance, serves moderately disturbed youth coming from residential care. Program provides intensive case management and specialized foster parent training, combined with individual psychotherapy and educational plan. ALY (Alternative Living for Youth) provides long term foster care; case management; day programs of community-based education and/or vocational training; group, family and individual psychotherapy; foster parent training and 24-hour support to youth in foster care.

NEXUS provides community-based long term foster care to youth in state custody, as well as comprehensive case management and day treatment.

The Day Treatment Program provides structured after-school and weekend program; therapy provided through recreational and vocational programming.

Education/School: Depending on the program in which they are enrolled, youth may participate in regular or special education classes on- or off-site, and may earn a high school diploma, GED, or vocational/technical or college credits.

Vocation/Employment: Vocational training and career education available both on- and off-site to clients as young as 16.

Community Liaisons: Multiple formal and informal linkages with agencies and resources of both child and adult service systems, including schools, health and mental health providers, substance abuse treatment providers, employers and training programs. Beginning at intake, staff identify people and resources in the community that can enhance treatment. Liaison efforts are central during phased transition of the client and are supported by quarterly meetings. Tri-County maintains affiliation with the University of Massachusetts to provide internships, practicum and classroom instruction.

Parent Involvement: At Hill Adolescent Center, services to parents include family therapy, case management and information/education. Parents are involved in interviews at admission, and visit one Sunday per month. More visits are encouraged after client has stabilized; parents may be involved in interventions with their child during family therapy. Parents and staff discuss weekend and overnight plans prior to a visit.

Parents also involved in transition planning, particularly around family support and family behavior required to help client continue growth and maintain gains. Parents serve on advisory board/human rights committee that acts as client-rights safeguard. It has ex-officio relationship to Board of Directors, and is involved in program evaluation both formally and informally. Parents also work with staff and board members in formal advocacy efforts.

Aftercare/Follow-up: Limited responsibilities for aftercare and follow-up; most clients enter programs of the adult mental health system. Tri-County does provide continued clinical and case management services by special arrangement with Departments of Youth Services or Social Services.

Program Evaluation: Goal attainment and model efficacy measured by client satisfaction, client progress and staff performance.

Difficulties: Too few options for population served; inadequate funding for evident needs, including more residential beds, more day treatment, more group homes, more housing for those transitioning to independent living, and more comprehensive case coordination.

Plans and Projects: Seeking funding to increase transition services, to add transition apartments, and to increase staff training.

Reasons for Success: (1) Committed, empathetic staff; (2) experienced clinicians and case managers; (3) supportive work environment; (4) benefits, adequate length of stay; (5) training; and (6) appropriateness of referrals.

Agency: Youth Services System, Inc.

Program Name(s): Samaritan House Emergency Shelter; Helinski Emergency Shelter; Independent Living Program (8 clients); Northern Regional Juvenile Detention Center; Genesis Alternative School; Community Counseling Service; Home Industry Program; Ohio River Youth Project
Director: Brother Ron Mulholland, FMS, Executive Director
Other Contact: John Nanny, President, Board of Directors
Street Address: 1000 Chapline Street
City State Zip: Wheeling, West Virginia 26003
Telephone: (304) 243-0319

Agency Type: Private non-profit

Program Type: Continuum of care

Funding Sources: West Virginia Department of Human Services

Communities Served: Northern Panhandle of West Virginia

Referral Sources: Courts, Department of Human Services and walk-in self-referrals.

Number Clients: 436 in all programs in 1987

Client Profile: Males (79%) and females (21%), ages 12-18. Youth have experienced family turmoil; family is often no longer a resource. Youth may be alcohol/drug abusers or addicts and/or sexually abused. 5% served are African-American; less than one percent are Latino and less than one percent are Asian.

Wait for Admission: No waiting lists except for Genesis Alternative School, where wait is 2 months.

Average Stay: Varies according to program, from 13 days in the Detention Center to 120 days in day treatment.

Staffing: 77 full-time; 15-20 students; 12 volunteers. Social work, education, vocational counseling and nursing.

Staff/Client Ratio: Varies by program, e.g., 1:2 in the Detention Center

Philosophy/Goals: "Children are our greatest natural resource. There is no other priority or agenda, and we individually and corporately will sacrifice ourselves for kids." Treatment tries to connect families with appropriate resources to facilitate and support family reunification and functioning.

Services Offered: Residential programs: emergency shelter; long-term care; diagnostic services; internal school program; independent apartment living; secure predispositional and diagnostic detention; counseling, educational, recreational and vocational programming.

Day programs: alternative learning centers; substance abuse counseling; family, individual and group counseling; outreach network for sexually abused youth; offender program; vocational programming, work experience, and community service.

Other services: 24-hour crisis help; supervised restitution and supervised home detention; outpatient counseling (individual, family); support groups (AA, NA); information and referral; evaluation.

Intake & Treatment: Specific intake criteria vary by program, but intake process matches least restrictive treatment alternative to adolescent's history with other placements, with family and with courts. Services System does not turn kids down because of crisis or acting out behavior, but cannot serve kids who are mentally retarded or physically handicapped.

Education/School: Genesis Alternative School offers individualized educational programming to youth from Samaritan House Shelter, the Independent Living Program, and (by referral) the county school system. Youth in other programs attend public junior or senior high school or community college. High school diploma, GED, vocational/technical and college credits available through linkages with home-district schools. Training for independent living, leisure management, and interpersonal relationship skills also available.

Vocation/Employment: Services include career education; on-site vocational training in automotive mechanics and maintenance; job placement and on-the-job supervision.

Community Liaisons: Programs are community-based continuum of care. Operate one of only six private non-profit juvenile detention facilities in the country, using nurturant childcare approach rather than a corrections approach. Facility handles all diagnostic placements of juvenile female offenders for the state. Youth in the Independent Living Program live in system-owned apartment building in the community. Services System has formal and informal relationships with community agencies and institutions.

Parent Involvement: Parents are integral, since treatment goal is reunification of the family. Parents involved in organized support groups, transition planning, and case management efforts. Respite care and 24-hour crisis help are available. Parents are regularly asked for feedback, and have given testimony to help secure funding.

Aftercare/Follow-up: Client may be followed up for 6 months to 2 years. In 1987, aftercare plans included 140 youth (32%) returning home; 92 youth (21%) living in foster care or group homes; 29 youth (7%) continuing in a treatment facility; and 19 youth (4%) living independently in apartments. System absorbs cost of follow-up, for which it is not directly funded.

Program Evaluation: Programs undergo yearly evaluations by the state licensing board and program committees of agency board of directors.

Difficulties: Serious cash-flow problems tied to economic troubles in West Virginia; these are alleviated by good relationships with sympathetic local banks and businesses. No separate funds for aftercare/follow-up services. No funding for clients older than 18; scarcity of appropriate services in the adult system.

Plans and Projects: Searching for sufficient endowment to increase program stability and expand services.

Reasons for Success: (1) Ability to attract staff who fit with program mission and one another; (2) Emphasis on nurturant child care methods vs. correctional methods.

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Youth in Transition: A Description of Selected Programs
Serving Adolescents With Emotional Disabilities

EVALUATION FORM

1. Who used the Youth in Transition program description monograph? (Check all that apply.)

   ___Parent ___Educator ___Child Welfare Worker

   ___Juvenile Justice Worker ___Mental Health Professional

   Other (Please Specify)_____

2. Please describe the purpose(s) for which you used the monograph:

   _____

   _____

3. Would you recommend use of the monograph to others? (Circle one)

   Definitely Maybe Conditionally Under No Circumstances

   Comments:_____

4. Overall, I thought the monograph was: (Circle one)

   Excellent Average Poor

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5. Please offer suggestions for the improvement of subsequent editions of this monograph:

   _____

   _____

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